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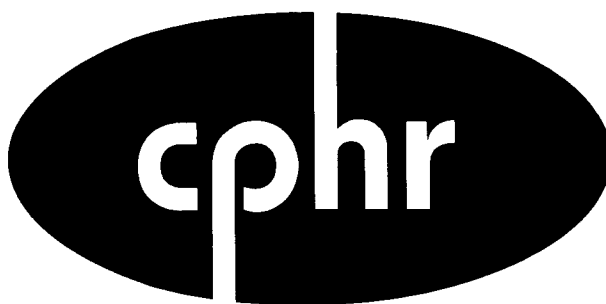
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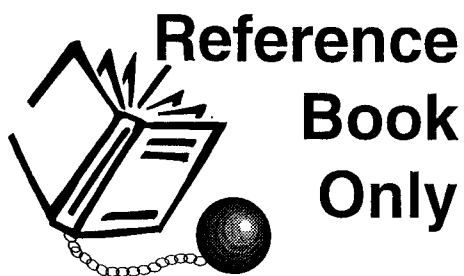
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# **An Evaluation of Advice 4 Youth:**

## **A Health and Support Service for Young People**

**Catherine Perry  
Jenny Jones  
Miranda Thurston**



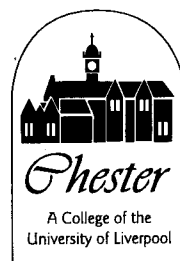
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**An Evaluation of Advice 4 Youth:  
A Health and Support Service for Young People**

**Catherine Perry  
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Miranda Thurston**

**December 2000**

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Table of Contents	Page number
Acknowledgements	i
Table of Contents	ii
List of Figures	iv
List of Tables	v
Summary	vi
Chapter 1 - Introduction	1
Chapter 2 - Background	3
2.1	The evolution of advice and information services for young people 3
2.2	The health-related needs of young people 3
2.3	An effective model of service provision for young people 5
2.4	Conclusion 8
Chapter 3 - About Advice 4 Youth	9
3.1	Evolution of Advice 4 Youth 9
3.2	Aims of Advice 4 Youth 9
3.3	Monitoring and evaluation of Advice 4 Youth 10
Chapter 4 - Findings	11
4.1	Overview of the findings 11
4.2	Who visited Advice 4 Youth 12
4.3	Telephone or 'drop in' 13
4.4	The professionals based in the Centre 13
4.5	Advice given and services accessed 14
4.6	When did they come 15
4.7	New clients or repeat visits 16
4.8	New clients: their ages and where they live 16
4.9	How people find out about Advice 4 Youth 18
4.10	Who did they see 18
4.11	What advice or service was given 19
4.12	Referrals and recommendations 21
4.13	When did they come 21
4.14	Repeat visits 22
4.15	Where do they live 23
4.16	Who did they see 23
4.17	What advice or service was given at repeat visits 25
4.18	Referrals and recommendations 26
4.19	When did they come 27
4.20	The views of young people using Advice 4 Youth 28
4.21	How did young people find out about Advice 4 Youth 29
4.22	What did young people think about Advice 4 Youth 29
4.23	What other services should be at Advice 4 Youth 32
4.24	Where would you have gone if you had not come to A4Y 33
4.25	Other comments 33

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	Page number
Chapter 5 - Discussion	35
5.1 The young people who use Advice 4 Youth	35
5.2 Enquiries made at Advice 4 Youth by young people	38
5.3 Evaluation of Advice 4 Youth by young people	40
5.4 Conclusion	42
References	45
Appendix 1 - Record Sheet	48
Appendix 2 - Questionnaire	49
Appendix 3 - Additional tables and statistical information	50

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**List of Figures****Page number**

Figure 4.2.1	Percentages in each year band for male and female visits	13
Figure 4.8.1	Percentage of new male and female clients in each age band	17
Figure 4.11.1	Percentage of males and females by number of categories of advice given to new clients	20
Figure 4.13.1	Number of new male and female clients by month	22
Figure 4.14.1	Relationship between new and repeat visits by age and gender	23
Figure 4.17.1	Percentage of males and females by number of categories of advice given at repeat visits	26
Figure 4.19.1	Monthly number of repeat visits made by males and females	27

---

**List of Tables****Page number**

Table 4.5.1	Advice or service given	15
Table 4.6.1	Pattern of visits	16
Table 4.8.1	Numbers of new male and female clients by school attended	17
Table 4.9.1	How did people find out about Advice 4 Youth	18
Table 4.11.1	Advice or service given to new clients	20
Table 4.17.1	Advice or service given on repeat visits	25
Table 4.20.1	Number of visits by gender	28
Table 4.21.1	How people found out about Advice 4 Youth	29
Table 4.22.1	Advice 4 Youth is in the right place	30
Table 4.22.2	The waiting areas of Advice 4 Youth are okay	30
Table 4.22.3	I was seen quickly	30
Table 4.22.4	The staff at Advice 4 Youth were friendly	31
Table 4.22.5	The conversations that I had with the staff were private	31
Table 4.22.6	I was happy with the information/help/support I was given	31
Table 4.22.7	The opening hours at Advice 4 Youth are okay	32
Table 4.22.8	I would come back to Advice 4 Youth	32
Table 4.24.1	Where would males and females have gone if not Advice 4 Youth	33



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## **Summary**

### **Background**

There has recently been an emphasis on improving young people's health, and a renewal of interest in providing services for young people which they find acceptable. An outcome of this process has been the development of the 'information shop': a multi-agency advice and information support service for young people. Advice 4 Youth is a young person's service based on this concept.

### **Aims**

This project was designed to monitor and evaluate the work of Advice 4 Youth. The aims were to:

- develop effective and efficient systems for routine data collection;
- provide data on uptake of services by young people for all aspects of activity;
- analyse data to reveal a pattern of usage in relation to key variables;
- assess the extent to which Advice 4 Youth was making progress towards its objectives.

### **Method**

Routine monitoring data, in relation to all contacts and enquiries made, was collected over a period of thirty four weeks. This allowed a pattern of contact to be revealed in relation to key variables: calendar time; age; gender; nature of enquiry; new or repeat client. The pattern of contact was then used to assess progress towards aims and objectives. In addition, evaluative feedback was obtained from a sample of young people using Advice 4 Youth.

### **Findings**

During the study period Advice 4 Youth recorded 425 visits, a visit being defined as an individual making one or more enquiries, or using one or more services. Overall, 35% (149) of the visits were made by new clients with 61% (259) repeat visits. There were almost twice as many visits from young men as from young women. There are marked differences between the genders for new visits and repeat visits. Young men make up just over half of the new clients, but three quarters of the repeat visits. For repeat

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visits, males are significantly younger than females. The areas about which most advice was sought were sexual health, contraception and relationships. In total, 10% of young people visiting Advice 4 Youth as new clients were referred on to another professional outside that particular service, as were 2% of repeat visits. The majority of young people found out about Advice 4 Youth informally, through friends, which reflects the way in which the service was advertised. There were a small number of young women whose visit was prompted by contact with a health professional, but no young men whose visit was prompted in this way.

Evaluation forms were completed by 61 young men and 25 young women who attended Advice 4 Youth. For 26 of those who completed the form, it was their first visit. Advice 4 Youth was evaluated very positively by these young people. They found the staff friendly and the majority were happy with the information or support they received, indicating that they would return to the service.

#### **Discussion and conclusion**

The evidence presented in this report indicates that Advice 4 Youth, as a young people's information, advice and support service, is meeting the needs of the young people with whom it comes into contact. It has become evident that Advice 4 Youth is based on a model of service provision that, as demonstrated in the literature, is what young people want. To this extent, it demonstrates success in meeting the aims it set itself at its inception.

This study has also demonstrated the value of collecting relatively simple monitoring data and of involving young people in the evaluation of services. Both these sources of evidence can provide insights into the extent to which the service is meeting its aims and objectives and thus can be used to inform further service development. It would be particularly relevant now to attempt to elicit the views and perceptions of the service held by young people who have not attended.

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## Chapter 1 Introduction

Interest in young people's health has increased recently. In part this reflects a growing awareness that young people's health needs are likely to increase as they progress through their teenage years. However, this period is also likely to be characterised by increasing difficulties with communication between young people and their families (WHO, 2000), and in addition, a recent report from the Social Exclusion Unit stated that there is now

'less access, in schools and elsewhere, to help with problems in learning or personal life because of limitations on resources and the priority given to the most acute problems' (Social Exclusion Unit, 2000a, p.5).

Thus, when young people are most in need of information, advice and support, they are least likely to be able to access it. This is particularly the case for young people who live in areas of socio-economic deprivation (Peckham, 1997).

Given the emphasis on improving young people's health, reflected in the recent White Paper (Department of Health, 1999), there has been a renewal of interest in providing services for young people which they find acceptable. This has led to the involvement of young people in the development of services, led to a large degree by the National Youth Agency. An outcome of this process has been the development of the 'information shop': a multi-agency advice and information support service for young people. Advice 4 Youth is a service based on this concept.

There has also been evidence of growing expectations of service providers to monitor and evaluate their services. This project, commissioned by North Cheshire Health, was designed to monitor and evaluate the work of Advice 4 Youth.

The aims of the project were to:

- develop effective and efficient systems for routine data collection;
- provide data on uptake of services by young people for all aspects of activity;

- 
- analyse data to reveal a pattern of usage in relation to key variables;
  - assess the extent to which Advice 4 Youth was making progress towards its objectives.

This report presents the findings of this work. Firstly however, in Chapter 2 the study is placed in context by reviewing the literature on the development of 'information shops' for young people. Chapter 3 focuses on Advice 4 Youth as a case study, and explains the approach adopted to the monitoring and evaluation. The findings are presented in some detail in Chapter 4. In Chapter 5 the findings are discussed and key conclusions identified.

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## **Chapter 2      Background**

### **2.1    The evolution of advice and information services for young people**

The National Youth Agency developed the original specification for 'information shops' for young people in 1990. It proposed:

'to provide for young people the support they need to help them make appropriate decisions about their futures through the establishment of a co-ordinated information service, with training and volunteering opportunities, in high street shops throughout the United Kingdom' (National Youth Agency, undated, p.7).

The areas in which help and advice were likely to be sought by young people were thought to be starting work; accommodation; environmental and community issues; health and relationship issues; and leisure (National Youth Agency, undated). There are now many examples of this type of approach to the provision of services for young people (National Youth Agency, 1993), for example, Advice 4 Youth itself; Synergy in Runcorn; Central Youth in Stockport (Burke, 1995b); the Information Shop for Young People in Romford (Read, 1995); and the Calypso Information Shop in Chester. It is evident that the wide-ranging services offered could not be provided by one agency alone. Furthermore, the December 1994 policy review of the National Youth Agency noted that in youth work there appeared to be a greater commitment to co-operation across service boundaries and a shift towards multi-agency, multidisciplinary approaches (Burke, 1995a), than was evident elsewhere.

### **2.2    The health-related needs of young people**

More recently, teenage health has been a cause for concern because of rising incidences of teenage pregnancy, rising prevalence of smoking, drug and alcohol use, and the recognition of high levels of psychological disturbance among teenagers (Jacobson and Roisin, 1997). The Government documents 'Health of the Nation: A Strategy for Health in England' (Department of Health, 1992) and 'Saving Lives: Our Healthier Nation' (Department of Health, 1999) identify several targets relevant to improving the health of teenagers. These include a reduction in teenage pregnancy, a reduction in young male

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suicide, and the adoption of healthy lifestyles through diet, exercise and cessation of smoking. In particular, there appears to have been much emphasis on the reduction of teenage pregnancies, with one target being to halve the conception rate for 13-15 year olds to 4.8 per 1000 by the year 2000 (Peckham, 1997; Department of Health, 1992).

Nicoll et al (1999) analysed national data on the sexual health of teenagers in England and Wales and concluded that there is still substantial sexual ill-health among this group. They recommended that sexual health should be a priority for co-ordinated national and local health promotion among young people, a conclusion that had been reached by some workers at a local level. Campbell and Macdonald (1996) for example, explored the views of young people about youth advisory services in Fife. They concluded that such services should provide a comprehensive range of sexual health services, which included psychosexual counselling; contraceptive advice and counselling; early pregnancy tests; abortion counselling; information about sexually transmitted diseases; emergency contraception; and a full range of contraceptive methods suitable for teenagers. In relation to this, Reiss (1999) states that the introduction of 'youth clinics' in Sweden has led to a reduction in the incidence of teenage pregnancies; terminations; gonococcal and chlamydial infections; pelvic inflammatory disease; and ectopic pregnancy. This suggests that the sexual health of young people can be improved through the provision of services which are sensitive and relevant to their needs.

It has been demonstrated in the past that there is a discrepancy between the health concerns of teenagers and professionals' agendas for this group (Jacobson and Wilkinson, 1994; Jacobson and Roisin, 1997; Aggleton et al, 1998). This is reflected in professionals' concerns about discrete issues such as smoking, drug use and unwanted pregnancy, whereas young people themselves state that skin and weight problems are equally important concerns for them (Jacobson and Wilkinson, 1994). Furthermore, research by Aggleton et al (1998) suggests that the health concerns and needs of this group are complex and cannot be easily defined in terms of one or two key issues. Worries about appearance, school, families and friendships are just as important to young people (Hugill, 1998 in Aggleton et al, 1998). However, Aggleton et al (1998) also

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found that professionals differed in their views of the health-related needs of young people. For example, professionals with a broadly defined, rather than a specialist role, were more likely to have views that were congruent with those of young people. Thus, youth workers and teachers were more likely than general practitioners and clinical staff to favour an 'inclusive approach' to meeting the health needs of young people, which recognised the relevance of social, mental and emotional dimensions of health.

Also of relevance to this discussion are the reported differences in men's and women's health experience and behaviour (Griffiths, 1996), and the implications this may have for the health-related needs of young women and young men. Men are more likely to suffer illnesses in which environment and lifestyle play an important part than are women (Griffiths, 1996), boys are more likely to experience accidents than girls, and suicide rates are four times higher in teenage boys than in girls (Yamey, 2000).

### **2.3 An effective model of service provision for young people**

The 1992 White Paper acknowledged the need to improve services for young people. This statement appears to reflect the fact that some young people are unlikely to use services that they perceive to be irrelevant, insensitive or inappropriate to their needs (Peckham 1997), and that much research indicates that young people frequently find existing health services unhelpful, paternalistic and difficult to access (MacFarlane and McPherson, 1995). Furthermore, research suggests that the type of service and its location have a direct relationship with conception rates beyond those associations with deprivation (Smith, 1993). In addition, the research reported above indicates that a model of service provision that is based around single issue, medical topics is unlikely to meet the needs of young people. Recent research supports this view and sheds further light on what young people want from services. For example, Jones et al (1997) conducted a questionnaire study of adolescents in order to elicit how their health needs and concerns could best be met. They concluded that it was important for services to be targeted at their audience and led by the needs identified by young people rather than by professionals (Jones et al, 1997). Many workers have commented that to provide effective services for this client group, young people must be involved in their

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design and planning (Campbell and Macdonald, 1996; Jones et al, 1997; Peckham, 1997; Redman et al, 1997).

There is a growing body of evidence that the 'information shop' approach, as advocated by the National Youth Agency, is one way to provide services for young people that are both acceptable to them and effective. Campbell and Macdonald (1996) report that comments made by young people and teachers in their study indicated that the most appropriate and effective model for a youth service would be a town centre location in multi-purpose premises, possibly fronted by a voluntary agency or community education rather than health services. In a study of a young people's health project in Angus, Redman et al (1997) also advocated inter-agency working as an effective model for the provision of young people's services. Jones et al (1997) concluded that drop-in, confidential youth services combining medical, contraceptive, counselling and information services under one roof would best meet the needs of young people. Locally, evaluation of Synergy, a young person's health and support service in Runcorn, has also demonstrated the acceptability of the 'information shop' approach to young people (Jones et al, 2000). This approach does not always happen easily however, and Peckham (1997) stated that despite government guidance advocating multi-agency approaches, few health authorities reported joint planning of sexual health services for young people, which incorporated social services, youth and voluntary agencies.

There are a number of reasons why the multi-agency 'information shop' approach may be useful. An 'information shop' setting can mean that anybody seeing a young person entering would be unaware of the reason for their visit (Read, 1995). Campbell and Macdonald (1996) reported that young people felt that this style of service would allow greater anonymity and that it would be good to be on 'neutral' territory. The need for services for young people to be confidential and anonymous is often identified (Jones et al, 1997; Peckham, 1997; Redman et al, 1997; Ingham and Stone, 2000). Evidence also suggests that access to female workers also increases acceptability for young people (Peckham, 1997; Ingham and Stone, 2000, Hippsily Cox et al, 2000). In addition, a multi-agency approach can be useful because many young people may be unsure as to what 'service' they require or what 'need' they have, but would welcome the chance to talk



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generally about sexual health and lifestyles (Burke, 1995a). For example, Epstein et al (1989, cited in Jacobson and Roisin, 1997) reported that teenagers in an inner London suburb wished to discuss sexuality with an older person, although not necessarily with their GP. Furthermore, the perception that the GP is not always the most appropriate person to help is prevalent among young people. Peckham (1997) states that young people particularly value services that are able to provide advice on any health problem or that links to other services for issues that are outside their scope.

Peckham (1997) carried out a survey, which aimed to identify good practice in the provision of sexual health services for young people by reviewing published and unpublished literature. Results from this study can be applied to services for young people other than those aimed at sexual health. Peckham (1997) concluded that young people needed services that were open at times convenient to them. Opening hours of services for young people can be arranged so that they do not have to explain their absence to anyone, for example, opening around school closing time so that young people can 'drop in' on their way home (Read, 1995). A 'drop in' approach, with no appointment necessary, and an informal and friendly setting, was frequently mentioned by the young people (Peckham, 1997; Redman et al, 1997). In addition, the provision of telephone help and advice was something that young people thought was useful (Peckham, 1997).

As far as traditional health services are concerned, there is evidence to suggest that teenagers would prefer more person-centred, approachable and respectful care than is perceived by them to exist (Jacobson et al, 1998). Traditional consultations do not always meet young people's needs (Jacobson and Roisin, 1997), although the Schools Health Education Unit survey (2000) found that out of a sample of 36,856 young people aged between 10 and 15 years, 50% had visited their GP within the previous three months. The survey also indicated that only 55% of the males and 40% of the females felt 'at ease' during their last visit to their GP, although Jacobson et al (2000) reported that 86% of their sample of 5,152 teenagers were satisfied with their last consultation with a GP. These researchers also found, however, that many teenagers who identified health worries did not seek help from available services (Jacobson et al, 2000). Viner and Macfarlane (2000) argue that the provision of age-appropriate health services for

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young people has been largely ignored. One approach to improving this situation has been to set up separate clinics for this group in primary care settings (Jacobson and Roisin, 1997). Jacobson and Roisin (1997) also report that evaluation of many 'outreach' clinics for young people in schools, city centre 'drop-in' clinics, and teenager-specific family planning clinics indicates that such services may be useful. This again is characteristic of the 'information shop' approach.

## **2.4 Conclusion**

It is evident from the research cited above that young people have a range of complex health needs. However, research suggests that 'traditional' health care frequently does not meet these needs. Studies which have asked young people for their views on how services should be organised have revealed a model of service provision that is very similar to the 'information shop' approach, as advocated by the National Youth Agency, and as reflected at Advice 4 Youth.

Whilst a number of 'information shop' services have involved young people in their development, Peckham (1997) points out that there has been little high quality monitoring and evaluation of such services. Monitoring can provide valuable information concerning young people's needs, whilst evaluation can enable judgements to be made on the extent to which aims and objectives are being met.

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## **Chapter 3     About Advice 4 Youth**

### **3.1     Evolution of Advice 4 Youth**

Advice 4 Youth is a health and support service for young people aged eighteen years and under. It was set up as a pilot project, and operates for three hours a week on a Monday evening based in Chapelfield Clinic, Widnes. The service is delivered on a 'drop in' basis, staffed by two Youth Workers, a Family Planning Nurse and a School Health Adviser, and offers information, advice and support on any issue affecting the lives of young people. It has been in operation since September 1999 and is a multi-agency initiative jointly funded by North Cheshire Health and the Youth Service.

The rationale for developing Advice 4 Youth lay in both national initiatives and local research. The Government document 'Health of the Nation: A Strategy for Health in England' (Department of Health, 1992) identified several targets relevant to improving the health of teenagers, including the target to reduce by 50% conceptions in young people under 16 by the year 2000. Local studies (Piella, 1995; Knill, 1998) reflected various national findings, indicating that young people wanted small, friendly, drop in services, close to school and home, which were not solely concerned with sexual health.

From the inception of the service, the service providers aimed to be 'young people friendly'. Chapelfields clinic is an NHS building used for various medically-related purposes, and staff at Advice 4 Youth obtained portable notice boards on which to display material relevant to their client group, and played music, in an attempt to make the waiting area more welcoming to the young people. In addition, the name 'Advice 4 Youth' was originally suggested by a young person.

### **3.2     Aims of Advice 4 Youth**

The aims and objectives of Advice 4 Youth were drawn up by the professionals who developed the proposal for the service, with reference to the findings of local research (Piella, 1995; Knill, 1998). The overall aim of Advice 4 Youth was to provide a service for young people which is responsive to their health-related needs. The stated objectives are:

- 
- to develop a multi-agency service and approach;
  - to create a warm, welcoming atmosphere for young people;
  - to involve young people through a focus/reference group in the identification of needs and the planning and delivery of services;
  - to increase knowledge (about contraception and sexually transmitted infections) and develop skills in relation to sexual health;
  - for staff to be responsive and flexible in their approach to the service.

### **3.3 Monitoring and evaluation of Advice 4 Youth**

The first part of the study involved collecting routine monitoring data for thirty four weeks (13/09/99 - 19/06/00) in relation to all visits made by young people to Advice 4 Youth. The Record Sheet, which was developed in conjunction with the service providers, can be found in Appendix 1. In order to ensure that the form was easy to use and that all the necessary information was being collected, the Record Sheet was piloted on young people attending Advice 4 Youth. Data collected in this way would allow a pattern of contact to be revealed in relation to key variables: calendar time; age; gender; nature of the enquiry; form of contact (telephone or 'drop in'); new or repeat client. All data was collected anonymously. It was anticipated that this information would give some indication of the extent to which Advice 4 Youth meets the expressed needs of the young people who use their services.

The second part of the study involved asking a sample of the young people who used Advice 4 Youth about their views of the service. A short questionnaire (Appendix 2) was developed to elicit these views. It was anticipated that by using this information, and by looking at the pattern of usage revealed by the monitoring data, an assessment of the extent to which Advice 4 Youth meets its stated aims and objectives could be made. An evaluation of the service could then be made on the basis of all of the above information.

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## Chapter 4 Findings

### 4.1 Overview of the findings

Data were collected for thirty four weeks from 13<sup>th</sup> September 1999 to 19<sup>th</sup> June 2000, and Advice 4 Youth recorded 425 visits during that time. A visit is defined as an individual making one or more enquiries, or using one or more services. Each visit is entered on a Record Sheet (see Appendix 1). The information recorded is:

- information about the client, e.g. age, gender, disability status, where they live and go to school;
- whether the client is new to Advice 4 Youth or has visited previously;
- whether the visit is in person or by telephone;
- how they came to use Advice 4 Youth, e.g. by referral from a health professional, finding out from school or from talking to friends;
- who they saw and what service or advice was given;
- whether they were referred to another agency or recommended to return to Advice 4 Youth for further help or advice.

This chapter focuses on the information from the Record Sheets. It examines first of all the total number of visits: who made them and why. It goes on to look separately at new clients and repeat visits. The new client data gives a profile of the young people who come to Advice 4 Youth, their age, where they live, why they have come and when. The data from repeat visits will examine which age groups return, what advice and services are accessed at these repeat visits and explores any differences there may be in first and repeat visits.

The chapter concludes with a summary of the way in which Advice 4 Youth meets the needs of young people based on evaluation forms completed anonymously by the young people themselves.

To improve the readability of the report, tables and statistical information have been kept to a minimum; this information can be found in Appendix 3.

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Advice 4 Youth works with young people aged 18 years and under. Where there are enquiries from people who are outside this age range, the policy of the staff is to record the visit, attend to the individual on a 'one off' basis and, where possible, recommend alternative agencies.

Out of the total of 425 visits recorded during the study period, there were almost twice as many visits from young men as from young women to Advice 4 Youth. Almost three quarters of the visits were from people who lived in Hough Green. The school was recorded for 64% of the visits and the majority of these (six out of 10) were from Bankfield School. (The school was not recorded on the forms until December.) Young men who visited were significantly younger than young women and accessed more of the services at each visit. 415 visits involved seeing one or more of the professionals at Advice 4 Youth and at 397 visits one or more categories of service or advice was given.

For new clients and repeat visits, there are marked differences between the genders. Young men make up just over half of the new clients, but three quarters of the repeat visits. There are age differences too; there is no significant difference in age between male and female new clients, but for repeat visits, the males are significantly younger than the females; it is therefore probable that it is the younger males who are returning, either in larger numbers, or more often.

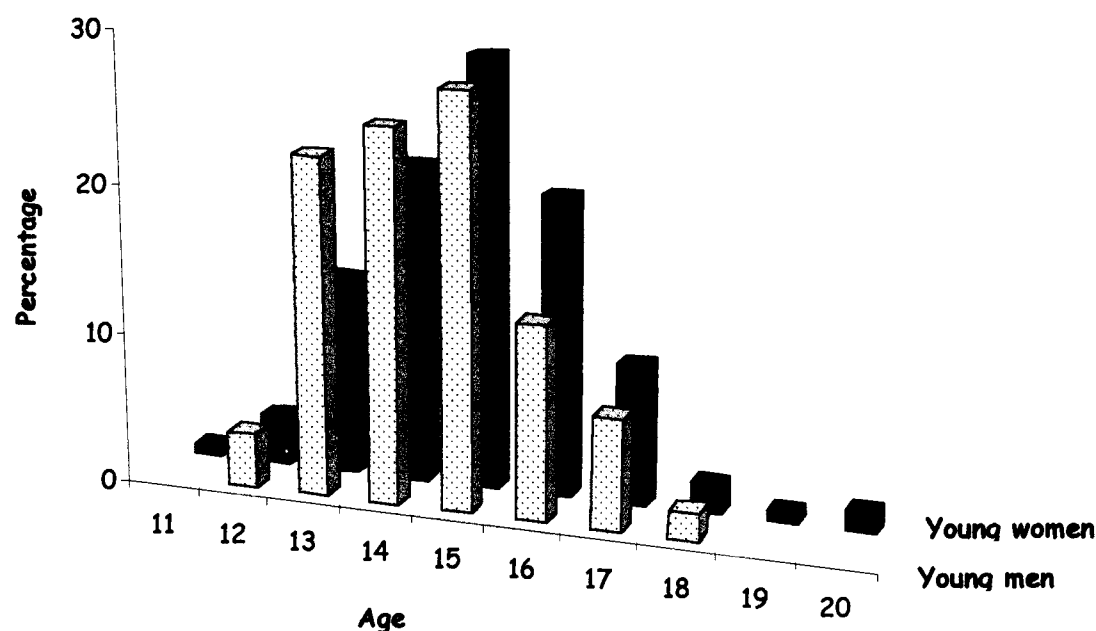
#### **4.2 Who visited Advice 4 Youth**

There were 273 visits by young men (64%) and 152 (36%) by young women included in the analysis. Two of the visits by young men and one by a young woman were recorded as being people with disabilities. The area of residence was recorded at 423 visits, and of these, 23% (98) were from Ditton and 74% (311) from Hough Green. The school was recorded at 270 visits; eight visits were made by working people, six young women and two young men. (This information was not recorded for 147 visits.)

The average age for the males was 14.5 years and for the females 14.9 years. Overall, there was a significant difference in age between the young men and women, which becomes apparent when looking at the proportions in each year group in the figure below.

Young men visiting Advice 4 Youth were aged between 12 and 18 years old, and young women between 11 and 20 years.

**Figure 4.2.1 Percentages in each year band for male and female visits**



The variation in the different year groups shows up clearly in the chart above: the higher percentages for male visits occur between the ages of 12 and 14 years, whereas for females, this is shifted to age 14 years and over.

#### **4.3 Telephone or 'drop in'**

Young people can get advice either by telephoning or calling in at Advice 4 Youth. The majority (407, 96%) were by personal visit with seven (2%) telephone enquiries. Five young men (two aged 13 and three aged 15) and two young women (one was aged 17 and for the other no age was recorded) made the telephone enquiries.

#### **4.4 The professionals based in the Centre**

A visit can generate one or more contacts with the professionals based in the Centre. During the study period, the professionals at Advice 4 Youth made a total of 500 contacts with young people. Each professional made similar numbers of contacts, but the gender balance was different. The school health adviser and the youth worker were

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seeing more young men than young women, whereas the family planning nurse saw almost equal numbers of young men and young women.

For the family planning nurse:

- there were 174 contacts with 88 young men and 86 young women;
- 32% of all males and 57% of all females saw the family planning nurse;
- there was no significant difference in age for males and females, although males were slightly younger on average (14.9 years) than females (15.2 years);
- both males and females were significantly older than for all other contacts.

For the school health adviser:

- there were 158 contacts with 120 young men and 38 young women;
- 44% of all males and 25% of all females saw the school health adviser;
- there was a significant difference in age for males and females; males were younger on average (14.1 years) than females (14.6 years);
- males were significantly younger than all other male contacts, however, females were of a similar age.

For the youth worker:

- there were 168 contacts with 115 young men and 53 young women;
- 42% of all males and 35% of all females saw the youth worker;
- there was no significant difference in age between males and females, although males were slightly younger on average (14.5 years) than females (14.7 years);
- there was no significant difference in age for either males or females by comparison with all other contacts.

Overall, on 98% of visits, a consultation with a professional was recorded.

#### **4.5 Advice given and services accessed**

From the table below, it can be seen that for each of the categories of service or advice, there are again gender differences. Other than for emergency contraception and for



contraception (advice only), a higher percentage of all male visits accessed the services. For instance, for 47% of all male visits, compared with 26% of all female visits, advice was given on sexual health. For 57% of all male visits, compared with 42% of all female visits, advice was given on two or more categories.

**Table 4.5.1 Advice or service given**

Advice or service	Number of males	Number of females	Total	% of all males	% of all females
Condoms	218	67	285	80	44
Sexual health	127	39	166	47	26
Relationships	98	23	121	36	15
Contraception - advice only	34	36	70	12	24
Smoking	27	12	39	10	8
Emergency contraception	13	21	34	5	14
Alcohol	15	2	17	5	1
Drug use	8	1	9	3	1
Sexuality, repeat pill, pregnancy testing	2	13	15	1	9

#### **4.6 When did they come**

The number of visits each month settled into a pattern of between 50 and 60 each month after the first two months of opening, as shown in the table overleaf. However, this number fell significantly in May and June. There appears to be no obvious reason for this fall in numbers. Advice 4 Youth was open on only two days in May and three days in June, but the daily average fell also in these months.

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**Table 4.6.1 Pattern of visits**

Month	Number of visits	Number of days open	Average per open day
Sept	25	3	8
Oct	20	4	5
Nov	60	4	15
Dec	55	3	18
Jan	58	4	15
Feb	58	4	15
Mar	50	4	13
Apr	57	3	19
May	21	2	11
Jun	21	3	7
Overall	425	34	13

#### **4.7 New clients or repeat visits**

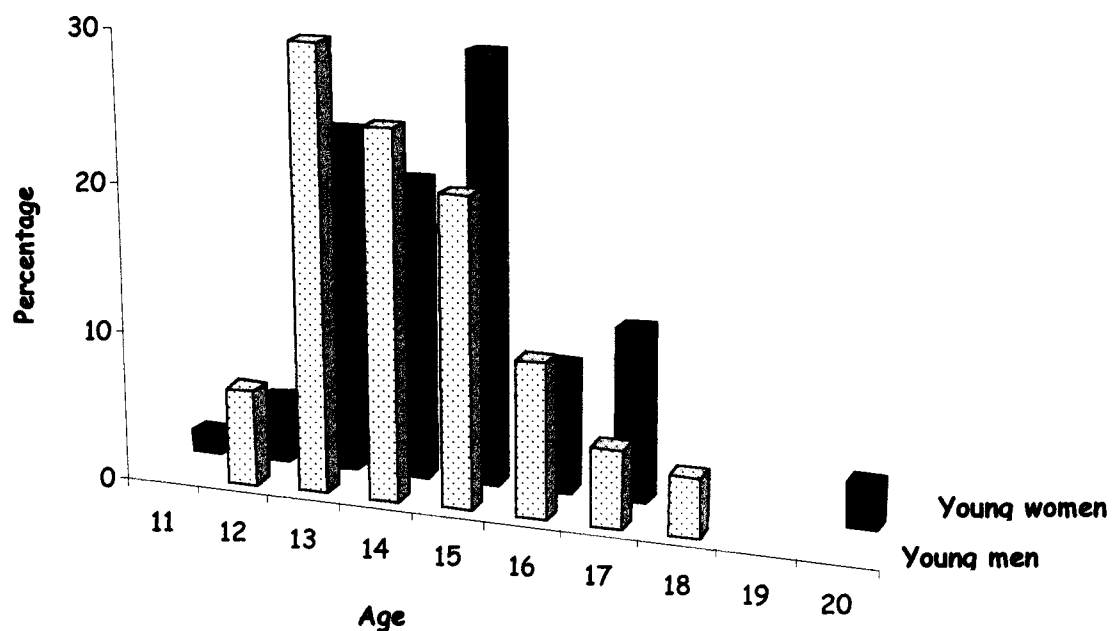
Overall, 35% (149) of the visits were made by new clients with 61% (259) repeat visits. This information was not recorded for 17 (4%) visits. Young men made up 52% (78) of the new clients, but 74% (191) of repeat visits. There were 71 new female clients and 68 repeat female visits.

As there are many differences between these two groups, new clients and repeat visits, they will be analysed separately. Looking at new clients will give a profile of young people who use the services: looking at repeat visits will highlight differences in the services accessed on first visits and subsequent visits and which young people are returning for further advice and help.

#### **4.8 New clients: their ages and where they live**

There was no significant difference in the ages of new male and female clients, although the average age of new male clients was slightly less at 14.3 years than new female clients at 14.6 years old. It can be seen from the chart below, that the higher percentages in the 13, 14 and 15 year age bands were reversed for males and females; the peak for males at 13, for females at 15 years old.

**Figure 4.8.1 Percentages of new male and female clients in each age band**



Similar proportions of young men (27%) and young women (29%) came from Ditton; likewise with Hough Green, 68% of young men and 66% of young women. 77 people said which school they attended and two males and one female were working.

**Table 4.8.1 Numbers of new male and female clients by school attended**

School	Young men	Young women	Total
Bankfield	29	14	43
St Peter and Paul	15	3	18
Wade Deacon	6	3	9
Halton College	2	1	3
Woodside	1		1
Fairfield	1		1
Penketh High School		1	1
Belvedere, Liverpool		1	1
<b>Total</b>	<b>54</b>	<b>23</b>	<b>77</b>

## 4.9 How people find out about Advice 4 Youth

There were significant differences in the way young men and young women found out about or were referred to Advice 4 Youth. 118 people said how they found out about Advice 4 Youth and of these, the majority, 72%, had found out from friends. Only eight young people, all women, said they had found out about Advice 4 Youth from GPs or other health professionals.

Table 4.9.1 How did people find out about Advice 4 Youth

	Young men		Young women		Total	
	Number	%	Number	%	Number	%
From friends	57	73	28	40	85	57
From a youth club	9	12	5	7	14	9
From school	5	6	3	4	8	5
From health professional			7	10	7	5
From GP			1	1	1	1
Other			3	4	3	2
Not recorded	7	9	24	34	31	21
Total	78	100	71	100	149	100

Additionally, three clients, all female, said a health professional had prompted their visit.

## 4.10 Who did they see

Clients can see one or more of the health and other professionals at the Centre.

65% (51) of new male clients and 76% (54) of new female clients, totalling 105 (70%) new clients, saw just one of the professionals at the centre.

- 16 males and 32 females saw only the family planning nurse;
- 23 males and 10 females saw only the school health adviser;
- 12 males and 11 females saw only the youth worker;
- one female was seen by someone else.

27% (21) of new male clients and 22% (16) of new female clients, totalling 37 (25%) new clients, saw two of the professionals at the Centre.

- 
- 14 males and 13 females were seen by both the school health adviser and the youth worker;
  - seven males and three females were seen by both the family planning nurse and the youth worker.

One male was seen by all three of the professionals and for six people there is no record of whom they saw.

A higher proportion of females saw the family planning nurse, while the youth worker and the school health adviser saw a higher proportion of males.

- There were 59 contacts with the family planning nurse, from 24 males and 35 females. Males were significantly younger; the average age of the males was 14.3 years and females had an average age of 15.0 years.
- There were 61 contacts with the school health adviser, from 38 males and 23 females. The ages of these two groups were similar; the average age of the males was 14.1 years and females had an average age of 14.4 years.
- The 61 contacts with the youth worker were from 34 males and 27 females. The average age for both these groups was 14.2 years.

#### **4.11 What advice or service was given**

For the new clients, it can be seen from the table below, that for these categories of service, other than contraception (advice only) and emergency contraception, higher percentages of young men were accessing these services than young women. The percentages are of the numbers of new male and female clients, i.e., 78 young men and 71 young women. (Percentages do not add up to 100% as clients can access more than one service.)

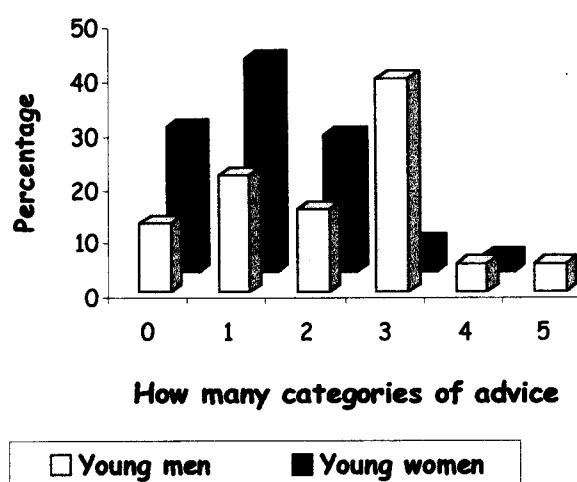
**Table 4.11.1 Advice or service given to new clients**

Category	Young men		Young women		Total
	Number	%	Number	%	Number
Condoms given	59	76	23	32	82
Sexual health	44	56	16	23	60
Relationships	37	47	8	11	45
Contraception - advice only	10	13	19	27	29
Smoking	9	12	5	7	14
Emergency contraception	4	5	9	13	13
Alcohol	5	6			5
Drug use	2	3			2
Sexuality	1	1			1

Both pregnancy testing and repeat pill prescriptions were given to two (3%) young women.

Young men asked for advice on more of these categories at this first visit. The chart below shows that for young men, 31 (40%) asked for advice on three categories. For young women, the same percentage (40%, 28) asked for advice on only one category.

**Figure 4.11.1 Percentage of males and females by number of categories of advice given to new clients**



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There were 13 enquiries for other categories of advice, five from young men and nine from young women:

- dietary advice - one male and three females;
- school - one male and one female;
- hygiene - one male and one female ;
- skin problems - two females;
- employment - one male;
- assertiveness - one male;
- eating disorders - one female;
- sexual abuse - one female.

There were no enquiries from new clients about education, housing, money, bullying or violence. Information on 'another area' was given to five males and eight females.

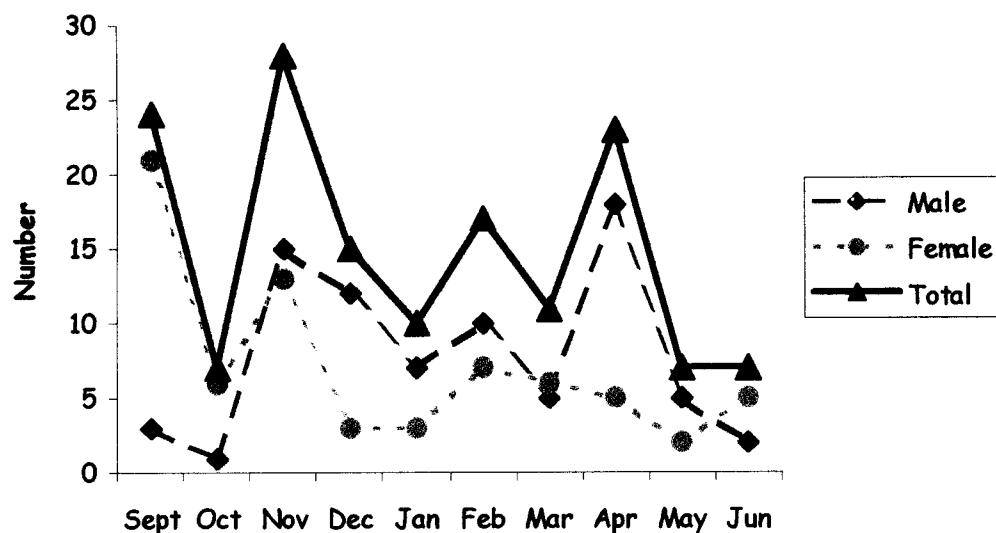
#### **4.12 Referrals and recommendations**

One young man and 12 young women were referred to the family planning doctor, one young woman to her GP and one to a counsellor. 18 people, four males and 14 females were given a specific recommendation to return to Advice 4 Youth for further help and advice.

#### **4.13 When did they come**

On average, Advice 4 Youth attracted 15 new clients each month. This number was exceeded in September, November, February and April. The numbers of male and female new clients follow broadly similar patterns. However, in September, October and June, the numbers of female new clients was greater than the number of males, but the total numbers in October and June were small.

Figure 4.13.1 Number of new male and female clients by month



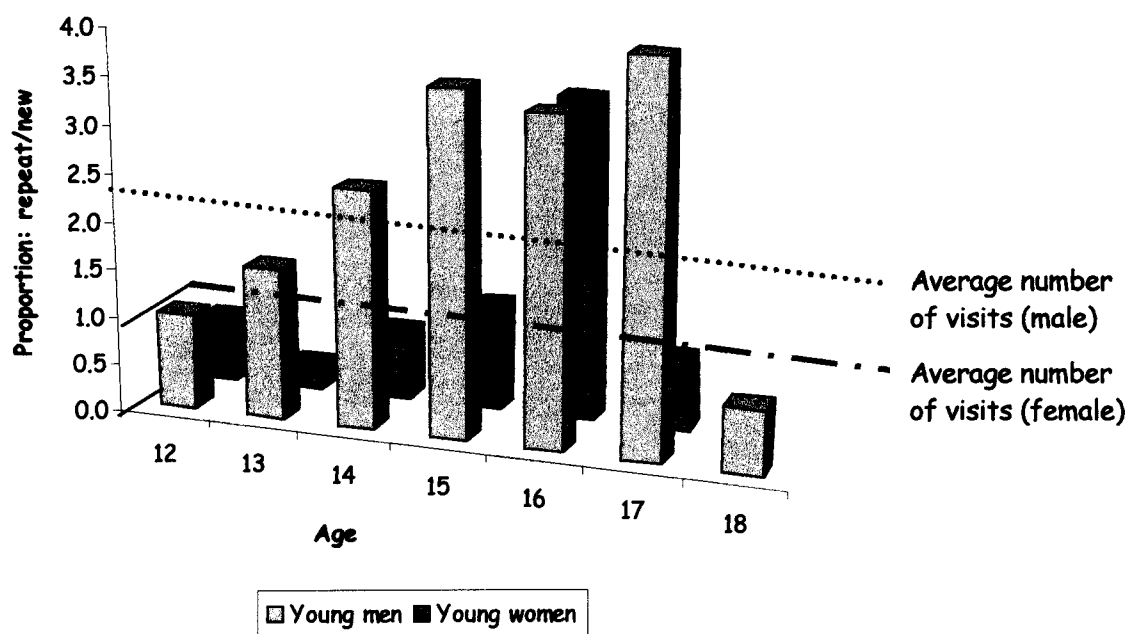
#### 4.14 Repeat visits

It is not known how many individual clients return to Advice 4 Youth, as information about the visit is recorded as simply a new client or a repeat visit. It is also not known how many times the client has visited. It is possible, however, to draw some general conclusions by looking at the proportion of new clients to the number of repeat visits.

Overall, on average, young men are returning to Advice 4 Youth 2.4 times, and young women are, on average, returning slightly less than once (0.97 times). Looking at the year bands, it can be seen in the chart overleaf, that at all ages from 12 to 18, young men are making more repeat visits than their female counterparts. It is only at age 16 that they are almost equal. The average number of repeat visits for young men is exceeded at ages 14, 15, 16 and 17. For young women, it is exceeded at age 15 and 16.



**Figure 4.14.1 Relationship between new and repeat visits by age and gender**



#### **4.15 Where do they live**

The area was recorded for 258 of the repeat visits. 16% (30) of repeat male visits and 26% (38) of repeat visits by young women were from Ditton, and 83%(157) of males and 57% (39) of females came from Hough Green. These figures are different from those of new clients: 27% of young men and 29% of young women from Ditton; 68% of young men and 66% of young women from Hough Green.

#### **4.16 Who did they see**

For repeat visits, much smaller percentages saw more than one of the professionals at the centre compared with new clients. 80% (153) of repeat male visits and 84% (57) of repeat female visits, totalling 210 (81%), saw just one of the professionals at the centre:

- 47 males and 34 females saw only the family planning nurse;
- 61 males and seven females saw only the school health adviser;
- 45 males and 16 females saw only the youth worker.

17% (33) of repeat male visits and 16% (11) of repeat female visits, totalling 44 (17%), saw two of the professionals at the centre:

- 
- 17 males and two females were seen by both the school health adviser and the youth worker;
  - 15 males and eight females were seen by both the family planning nurse and the youth worker;
  - one male and one female were seen by both the family planning nurse and the school health adviser.

One male was seen by all three of the professionals.

For all these contacts, the family planning nurse, the youth worker and the school health adviser are seeing a higher proportion of males. Most notably, 89% of contacts with the school health adviser are from males.

- There were 107 contacts with the family planning nurse, from 64 males and 43 females: the average age of the males was 15.8 years and females had an average age of 15.4 years. The males were significantly older than other males making repeat visits but the females were of a similar age.
- There were 90 contacts with the school health adviser, from 80 males and 10 females. The ages of these two groups were significantly different; the average age of the males was 14.2 years and females had an average age of 15.3 years. The males were significantly younger than other males making repeat visits but the females were the same age.
- The 104 contacts with the youth worker were from 78 males and 26 females. The average age of the males was 14.7 years and females had an average age of 15.2 years. There was no significant difference in ages for either the males or females when compared with the other repeat visits.

#### 4.17 What advice or service was given at repeat visits

For the repeat visits, it can be seen from the table below that for these categories of advice or service, other than contraception (advice only) and emergency contraception, a higher percentage of young men are accessing these services than young women. The percentages are of the numbers of repeat male and female visits, i.e., 191 young men and 68 young women. (Percentages do not add up to 100% as clients can access more than one service.)

Table 4.17.1 Advice or service given on repeat visits

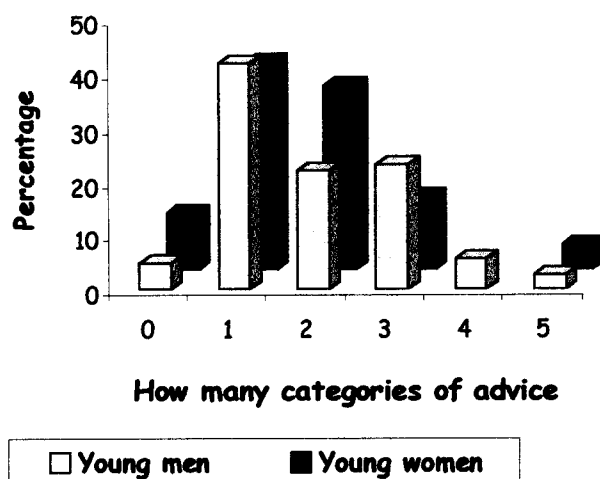
Category	Young men		Young women		Total
	Number	%	Number	%	Number
Condoms given	155	81	39	57	194
Sexual health	81	42	19	28	100
Relationships	60	31	15	22	75
Contraception - advice only	24	13	14	21	38
Smoking	18	9	6	9	24
Emergency contraception	9	5	11	16	20
Alcohol	10	5	1	1	11
Drug use	6	3	1	1	7
Sexuality					-

The pregnancy testing service was used by one young woman and repeat pill prescriptions were given at eight (12%) visits by females.

There are differences between new clients and repeat visits for these categories of advice:

- for young women, the same percentage of new and repeat females asked for advice on one category (39%) but at over half (51%) of repeat female visits, advice was given on more than one category;
- for young men, 22% of new clients asked for advice on one category but at repeat visits, 42% asked for advice on only one category.

**Figure 4.17.1** Percentage of males and females by number of categories of advice given at repeat visits



There were 31 enquiries for other categories of advice; 24 from young men and seven from young women. Ranked in order by the number of enquiries:

- education - 10 males and one female;
- hygiene - two male and three female;
- school - four male;
- dietary advice - two male and one female;
- employment - two male and one female;
- assertiveness - three male;
- skin problems - one female;
- money - one female. There were no enquiries about eating disorders, sexual abuse, housing, bullying or violence. Information on 'another area' was given to nine males and eight females.

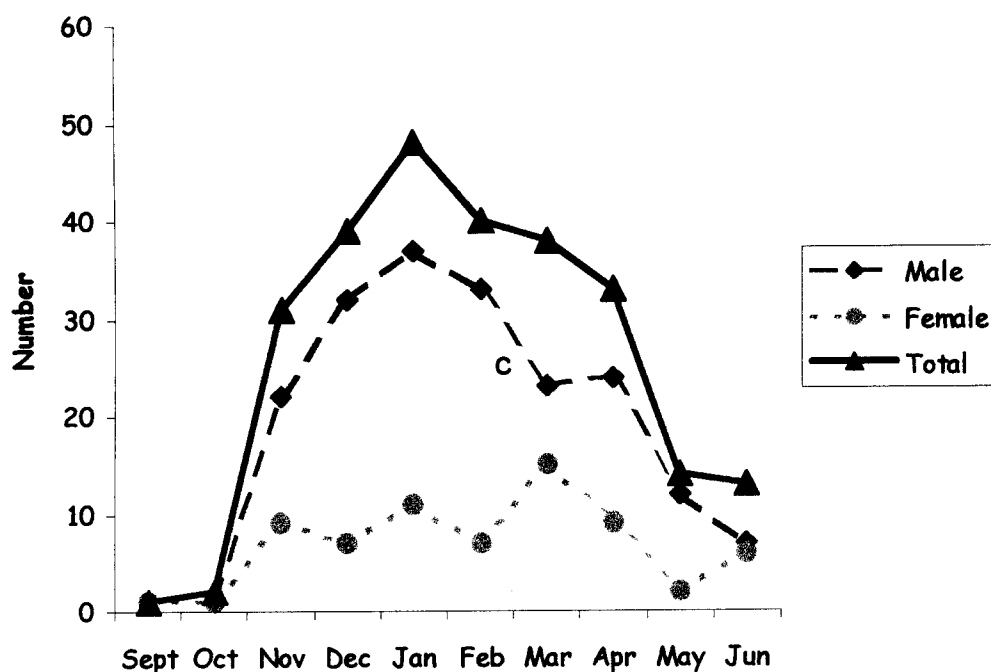
#### **4.18 Referrals and recommendations**

On repeat visits, three females were referred to the family planning doctor, one male and one female to a GP. For 40 of the visits, 17 males and 23 females were given a specific recommendation to return to Advice 4 Youth for further help and advice.

#### 4.19 When did they come

On average, Advice 4 Youth attracted 26 repeat visits each month, and almost three quarters of these were male (74%). This number was exceeded in all months from November to April. The number of repeat visits over this period ranged from 31 to 48 per month.

Figure 4.19.1 Monthly number of repeat visits made by males and females



In May visits were recorded on only two days and in September, December, April and June on three days. Low numbers can be accounted for in September when the Centre was first opened, and it can be seen that very quickly the numbers rose.

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#### 4.20 The views of young people using Advice 4 Youth

Questionnaires (Appendix 2) were completed by 61 males and 25 females attending Advice 4 Youth. For 26 of those who completed the form, it was the first visit. 64 came from Hough Green, 13 from Ditton and seven from another area.

Comparing these figures with the figures for visits overall:

- there are similar proportions of males and females - 71% males and 29% females compared with 64% and 35%;
- males are of a similar age - 14.6 years compared with 14.5 years;
- females are older - 15.5 years compared with 14.9 years;
- a smaller proportion are new clients - 29% compared with 35%;
- the percentage from Hough Green is approximately equal - 76% compared with 74%.

None of these differences were significant, and broadly speaking, these clients can be considered representative of those visiting Advice 4 Youth.

The table below gives the number of visits made by the young people to Advice 4 Youth. For almost four in ten of these people, there had been seven or more visits.

Table 4.20.1 Number of visits by gender

Visit	Male		Female		Total	
	Number	%	Number	%	Number	%
First	19	31	7	28	26	30
Second			6	24	6	7
Third	6	10	3	12	9	10
Fourth	2	3			2	2
Fifth	4	7	2	8	6	7
Sixth	1	2	2	8	3	3
Seventh	2	3			2	2
More	27	44	5	20	32	37
Total	61	100	25	100	86	100

#### 4.21 How did young people find out about Advice 4 Youth

As with the information from the Record Sheets, more young men than young women found out about Advice 4 Youth informally and only young women found out from professionals.

Table 4.21.1 How people found out about Advice 4 Youth

Through...	Male		Female		Total	
	Number	%	Number	%	Number	%
Friends	46	75	14	56	60	76
Youth club	7	11	2	8	9	11
School	2	3	2	8	4	5
School health adviser			2	8	2	3
Teacher			2	8	2	3
Sibling			1	4	1	1
No reply	6	10	2	8	8	9
Total	61	100	25	100	85	100

#### 4.22 What did young people think about Advice 4 Youth

Young people have a very positive impression of Advice 4 Youth, as evidenced by their responses to the statements on the questionnaire. When asked what they thought of Advice 4 Youth, in total 69% (59) either strongly agreed or agreed with all the eight statements.

Overall:

- 76% (19) of young women and 66% (40) of young men strongly agreed or agreed with all the statements;
- 13% (8) of young men and 8% (2) of young women either disagreed or strongly disagreed with one or more of the statements.

Detailed breakdowns of the replies to all eight statements are given in the tables below.

Table 4.22.1 Advice 4 Youth is in the right place

	Male		Female		Total	
	Number	%	Number	%	Number	%
Strongly agree	35	57	12	48	47	55
Agree	19	31	13	52	32	38
Neither agree or disagree	4	7			4	5
Disagree	1	2			1	1
Strongly disagree	1	2			1	1
No reply	1	2			1	1
Total	61	100	25	100	85	100

Table 4.22.2 The waiting areas of Advice 4 Youth are okay

	Male		Female		Total	
	Number	%	Number	%	Number	%
Strongly agree	26	43	8	32	34	40
Agree	31	51	14	56	45	53
Neither agree or disagree	3	5	2	8	5	6
Disagree						
Strongly disagree			1	4	1	1
No reply	1	2			1	1
Total	61	100	25	100	85	100

Table 4.22.3 I was seen quickly

	Male		Female		Total	
	Number	%	Number	%	Number	%
Strongly agree	24	39	13	52	37	44
Agree	26	43	9	36	35	41
Neither agree or disagree	7	11	2	8	9	11
Disagree	2	3	1	4	3	4
Strongly disagree	1	2			1	1
No reply	1	2			1	1
Total	61	100	25	100	85	100



**Table 4.22.4 The staff at Advice 4 Youth were friendly**

	Male		Female		Total	
	Number	%	Number	%	Number	%
Strongly agree	50	82	23	92	73	86
Agree	9	15	2	8	11	13
Neither agree or disagree						
Disagree	1	2			1	1
Strongly disagree						
No reply	1	2			1	1
Total	61	100	25	100	85	100

**Table 4.22.5 The conversations that I had with the staff were private**

	Male		Female		Total	
	Number	%	Number	%	Number	%
Strongly agree	42	69	23	92	65	77
Agree	11	18	2	8	13	15
Neither agree or disagree	3	5			3	4
Disagree	2	3			2	2
Strongly disagree	1	2			1	1
No reply	2	3			2	2
Total	61	100	25	100	84	100

**Table 4.22.6 I was happy with the information/help/support I was given**

	Male		Female		Total	
	Number	%	Number	%	Number	%
Strongly agree	42	69	20	80	62	72
Agree	16	26	5	20	21	24
Neither agree or disagree						
Disagree	1	2			1	1
Strongly disagree						
No reply	2	3			2	2
Total	61	100	25	100	86	100

**Table 4.22.7 The opening hours at Advice 4 Youth are okay**

	Male		Female		Total	
	Number	%	Number	%	Number	%
Strongly agree	31	51	15	60	46	53
Agree	20	33	8	32	28	33
Neither agree or disagree	4	7	2	8	6	7
Disagree	3	5			3	3
Strongly disagree	1	2			1	1
No reply	2	3			2	2
Total	61	100	25	100	86	100

**Table 4.22.8 I would come back to Advice 4 Youth**

	Male		Female		Total	
	Number	%	Number	%	Number	%
Strongly agree	43	70	23	92	66	77
Agree	14	23	2	8	16	19
Neither agree or disagree	3	5			3	3
Disagree						
Strongly disagree						
No reply	1	2			1	1
Total	61	100	25	100	86	100

#### **4.23 What other services should be at Advice 4 Youth**

11 people said which other services they would like at Advice 4 Youth. Four people mentioned 'no smoking'; three people wanted games, football, scrabble, monopoly; one person wanted use of phones; one person wanted counselling and one person wanted advice services.

#### 4.24 Where would you have gone if you had not come to Advice 4 Youth

When asked where people would have gone had they not come to Advice 4 Youth, there were significant differences in male and female responses. Of the 46 males and 21 females who replied, 77% of young women said they would visit a doctor or clinic, compared with 15% of young men who would do the same.

Table 4.24.1 Where would males and females have gone if not Advice 4 Youth

	Male		Female		Total	
	Number	%	Number	%	Number	%
Other	20	43	3	14	23	34
Don't know	12	26	1	5	13	19
Doctor	1	2	10	48	11	16
Clinic	6	13	7	33	13	19
Parent	3	7			3	4
Chemist	2	4			2	3
School	2	4			2	3
Total	46	100	21	100	67	100

The 'other' replies from young men in the table above were:

- eight said nowhere;
- eight said they would use a machine in the pub;
- four said they 'would get a mate to go to the chemist';
- two said they would go to a machine;
- one said they would go to a friend.

For the three young women, one said nowhere, one would use the machine in the pub and one said a friend. None of the young women said they would speak to a parent, go to the chemist or school.

#### 4.25 Other comments

Nineteen people made other comments about Advice 4 Youth. They were all complementary.

- Nine said simply 'it's great', 'very good', 'brill'!

- 
- Six people mentioned that the staff were helpful, friendly, 'don't pass judgement', and 'have a better attitude compared with other services'.
  - One person said it was welcoming, one that 'it made me feel very comfortable' and another that 'it's a great help for people my age'.
  - Only one person suggested a change to the service that 'a 5 p.m. start would be better'.

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## Chapter 5 Discussion

### 5.1 The young people who use Advice 4 Youth

Many authors have called for the systematic monitoring and evaluation of services for young people (Hopkins and Jacobson, 1994; Peckam, 1997). Evidence from such studies can provide insights into the extent to which services are meeting the needs of young people and can be used to inform service provision. Using relatively simple data collection instruments, this study has sought to evaluate one such service, that of Advice 4 Youth in Widnes.

Monitoring of Advice 4 Youth from its opening has enabled a profile of the users to be built up. In total there were more young men than young women using the service, with young men accounting for 52% of new visits and three quarters of the repeat visits. This is an unexpected finding given the considerable evidence indicating that young men generally make little use of health services (Aguria and Smith, 1997, in Smith, 2000; Peckham, 1997), and suggests that young men will access services that they perceive to be acceptable and accessible. Monitoring of Synergy, the young person's health and support service in Runcorn (Jones et al, 2000), revealed that 42% of contacts were with young men, also indicating a considerable demand for services from this group in an area geographically close to Widnes.

However, the perception of staff at Advice 4 Youth is that since the data presented here were collected, the numbers of young men are starting to decline and more young women are attending. This has been linked with the policy of staff to discourage young men from attending the service in very large groups because of the difficulties of dealing with individual problems in this manner, and instead to attend in smaller groups (personal communication, 2000<sup>1</sup>). The use of these services by young men is, therefore, a trend that needs continued monitoring, as it may indicate an area of un-met need.

The issue of the attendance of large groups of young men at Advice 4 Youth is also relevant in the light of previous research which has indicated that young people may

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<sup>1</sup> School Health Adviser, Advice 4 Youth.

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prefer to access services with their friends (Jones et al, 1997; Peckham, 1997). There may be a tension between welcoming friends on the one hand and providing confidential and individual service to young people on the other, particularly if accommodation is limited. Whether young people attend Advice 4 Youth on their own or with friends, and the young people's views on this issue, may be another fruitful area of enquiry for the service.

Young people visiting Advice 4 Youth for the first time are, predominantly, attending school and come from the Hough Green area. Although there was little difference in the age of young people attending overall, (the average age for males was 14.3 years and for females 14.6 years), there were differences in terms of age and gender when repeat visits only were examined. For repeat visits the males are significantly younger than the females and, as previously mentioned, three quarters of the repeat visits were by males. Therefore there is a pattern revealed of younger males who would appear to need ongoing support. This indicates that age and gender are important influences on service uptake, and is consistent with the findings in a recent study carried out by Ingham and Stone (2000).

There were also different patterns in respect of age and gender according to the professional that the young people accessed. Three out of ten young men visiting Advice 4 Youth for the first time saw two of the professionals at the centre compared with two out of ten young women. Overall, the professionals had a total of 500 contacts with young people during the monitoring period. Although each professional made similar numbers of contacts, the gender balances and ages were quite different. More younger males are seeing the school health adviser, the youth worker saw a representative cross section of all, and the family planning nurse saw older people with a higher proportion of females. This indicates that the needs of males and females are different at different ages. The WHO (2000) Health Behaviour in School Age Children study suggests that during the teenage years communication difficulties, particularly with parents and school, become more evident. It is likely therefore that young people have a variety of needs which are not met by normal networks of support - school, friends, mothers, general practice - and which are likely to remain unmet unless young people engage with services such as Advice 4 Youth. Why Advice for Youth is used less by particular

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cohorts, and why there are particular patterns of professional accessed by age and gender, remain important issues in respect of the commitment to meet the needs of all young people in the community.

A further dimension of usage explored in this study related to variation over the period of study (13/09/99 - 19/06/00). After the first two months of the service the number of visits per month settled into a fairly regular pattern of between 50 and 60, with the average numbers for each day open similar to that seen in Synergy in Runcorn (Jones et al, 2000). It would appear therefore that young people found out about the service fairly quickly. Advertising about Advice 4 Youth took place over the first couple of months of the service in two main ways. The local youth club were invited to visit Advice 4 Youth and the young people were then asked to spread the word about the service to their friends, and posters were displayed in local schools. The sustained increase in numbers that was seen would suggest that these strategies were successful. It is evident, from both the record sheets and the evaluation sheets completed by some young people, that most individuals are finding out about Advice 4 Youth informally, through friends and youth clubs. Only young women said they found out from professionals or that a health professional prompted the visit, another difference between males and females. This could have occurred because more young women actually see other health professionals, or because health professionals themselves are more likely to refer a young woman than a young man to a service such as Advice 4 Youth.

During the last two months that monitoring took place (May and June) there was a fall in the numbers of young people seen. There is no apparent reason for this, although a fall in the number of attendances per session were also noted in Synergy during the month of May in the previous year (Jones et al, 2000), and no pattern with age or gender. Whilst there will inevitably be some background variation in numbers, a certain proportion may be due to the timing of specific activities and events. For example, in Synergy in Runcorn (Jones et al, 2000) enquiries about education increased during the summer months when exam results would have been published and when decisions about future career aspirations might be made. The knowledge that these trends can occur could help in the planning of services and the targeting of resources.

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## 5.2 Enquiries made at Advice 4 Youth by young people

Advice 4 Youth aims to provide information, advice and support on all issues that impact upon the lives of young people. Much research has emphasised the importance of young person's services being led by young people themselves (Campbell and Macdonald, 1996; Jones et al, 1997; Peckham, 1997; Redman et al, 1997), and the multi-agency 'one stop information shop' approach allows enquiries to be initiated and led by young people so that they can ask about *any* of their concerns. This approach also allows relatively easy referral, where appropriate and acceptable. In total, 10% of young people visiting Advice 4 Youth as new clients were referred on to another professional outside that particular service, as were 2% of repeat visits. Advice 4 Youth therefore acts to put young people in contact with services which they might not have approached directly themselves.

The monitoring data indicates that much work is carried out around sexual health. This possibly reflects the conclusions of Nicoll et al (1999), that there is substantial sexual ill health among teenagers in England and Wales. The areas in which most advice was sought at Advice 4 Youth were those of sexual health, contraception and relationships. In terms of offering a service acceptable to young people, this is relevant in the light of the findings of Hippiusley-Cox et al (2000), that general practices with female doctors and young doctors have lower rates of teenage pregnancies. The staff at Advice 4 Youth are all female, and it could also be hypothesised that the staff at Advice 4 Youth are seen as approachable by the young people, hence the amount of work done in the area of sexual health and contraception.

Redman et al (1997) concluded that, although their development of a young people's health project was driven, from a professional point of view, by concerns about sexual health, it was important that it did not become associated with sexual health alone, as 'this would alienate young people and ignore other important health issues in their lives' (Redman et al, 1997, p.65). Aggleton et al (1998, P. 313) concluded from their research that:

'young people operate with an integrated concept of health and well-being which affords high importance to social relations and social activities.'



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These are illustrations of the recognition of the value of basing services on a notion of an 'integrated' concept of health, as this is likely to be congruent with young people's perceptions of their needs. At the inception of Advice 4 Youth, although there was recognition that sexual health would be an important aspect of the work of the service, it was not envisaged that it would be mainly a sexual health service. Although the monitoring data indicates the amount of work in this area, and there is a perception among some staff at Advice 4 Youth that sexual health has become the most important part of the work (personal communication, 2000<sup>1</sup>), in terms of evaluating the service it is relevant to take full account of the other aspects of health about which young people sought help and advice. Enquiries were made in the areas of drug and alcohol use, smoking, dietary advice, school, hygiene, skin problems, employment, assertiveness, eating disorders, sexual abuse and money. For young men, three out of ten visiting for the first time saw two of the professionals at the centre, perhaps indicative of the broadness of issues about which young people consult. This figure was lower for young women, although two out of ten young women visiting for the first time saw more than one professional.

There were some differences identified between young men and young women in terms of advice and help sought. Other than for emergency contraception and advice only on contraception, higher percentages of young men were given advice on health-related issues. This pattern was also observed at Synergy in Runcorn (Jones et al, 2000). More than half of all new male clients wanted advice on sexual health and almost half on relationships. Requests for advice in these areas were made by less than a quarter of the young women. Only young men asked for advice about drug use, alcohol and sexuality. There was also evidence from this study consistent with research that suggests young men are less likely than young women to access general practice services. The reasons young people give for low uptake are varied: feelings of embarrassment; concerns about not being taken seriously; concerns about their age; fears over confidentiality and anonymity; and decreased chances of seeing a female doctor (Jacobson and Roisin, 1997; Jones et al, 1997; Peckham, 1997; Egg Research and Consultancy, 1998; Ingham and Stone, 2000). Advice 4 Youth is a service that attempts to directly address some of these concerns.

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<sup>1</sup> School Health Adviser, Advice 4 Youth.

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The monitoring data has demonstrated that both age and gender are associated with the use of services at Advice 4 Youth. Future research might explore other factors that are associated with service uptake at Advice 4 Youth.

### **5.3 Evaluation of Advice 4 Youth by young people**

The eighty six young people who completed evaluation forms were very positive about the service they had experienced. The evaluation form presented positive statements about Advice 4 Youth and elicited to what extent the young people agreed with them. Few individuals disagreed, and where there was disagreement, in all but one instance it was young men who were not satisfied. There was almost unanimous agreement that the staff were friendly (one young person disagreed with this and one did not reply to the question), and 96% were happy with the information or support given and indicated that they would go back to Advice 4 Youth. These are important findings given the evidence cited above in relation to young people's concerns about general practice. If they had not come to Advice 4 Youth, young women would have visited a doctor or clinic, but for young men, the majority said they did not know where they would have gone.

As mentioned previously, when asked about how they had found out about Advice 4 Youth, most young people indicated that this had been an informal process, through friends and youth clubs. This is not surprising given the route of publicity already outlined. Services for young people need to be appropriately advertised. Campbell and Macdonald (1996) found a 'disappointing' level of knowledge about the youth advisory services that were available in Fife among a random survey of 13 - 15 year olds attending two local secondary schools. They emphasised the importance of advertising services in the most appropriate way, and suggested that professional assistance should be sought in deciding upon advertising campaigns. This is particularly relevant in respect of targeting those groups who are least likely to use Advice 4 Youth. It is not possible to say how well known the services at Advice 4 Youth are in the wider community, and this may be an avenue of enquiry that merits further exploration.

When asked about the opening times of Advice 4 Youth 86% of young people agreed that they were fine. Although only operating for three hours a week on a Monday evening, it is possible that this satisfaction reflects the concern that some young people have

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about being able to access services at times which mean they do not have to explain their absence (Read, 1995), which fit in with other aspects of their lives or which simply allow them to access the service 'opportunistically'. Similar concerns may also explain why young people often prefer a 'drop in' system with no appointment necessary (Peckham, 1997; Redman et al, 1997). In relation to the above, it may be pertinent to note that the only suggestion for a change in the Advice 4 Youth service that was made by a young person was concerned with opening times, suggesting an earlier start.

The majority of young people questioned (93%) also agreed that Advice 4 Youth is in the right place. This is important, as most young people are likely to travel on foot or public transport. Campbell and Macdonald (1996) identified the importance of this aspect of access to services in their study, suggesting that a town centre location would be most appropriate. These authors and others have raised the issue of the most appropriate location for services when there is a large rural population and suggest that in such cases outreach services may be needed (Campbell and Macdonald, 1996; Redman et al, 1997). This is interesting in terms of Advice 4 Youth as, although not in a rural area, it is not geographically very far from Runcorn town and Synergy or the young person's services at Highfield Hospital. The monitoring data would suggest, however, that there was unmet need in the area. Young people's perceptions of what is 'local' and 'convenient' are likely to be informed by the pattern of their everyday lives, and it is likely that their perceptions differ from those of adult's. There is now increasing acknowledgement that convenient location is a key feature of young people's uptake of services (Peckham, 1997; Jones et al, 1997; Ingham and Stone, 2000).

The finding that 86% of young people agreed that the opening times of Advice 4 Youth were fine, and that 93% agreed that it is in the right place, need to be considered in relation to the fact that only those actually using the service were asked for their views. Non-users may have a different perception. It was originally planned to ask non-users of the service about why they did not use it, but it was not possible to access a sample of these young people within the constraints of time and resources. This would be a useful area of exploration in the future.

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When asked where they would have gone if the service at Advice 4 Youth had not been available, 77% of the young women said that they would have visited a doctor or clinic, but only 15% of the young men indicated that they would have done so. This is of relevance as Advice 4 Youth would appear, therefore, to be a service that young men in particular find acceptable where other services are not. It was also notable that only 7% of young men and none of the young women said that they would have spoken to a parent, perhaps reflecting the increasing difficulties with communication between young people and their families that have been reported previously (WHO, 2000).

From an evaluative point of view, it might seem important to be able to determine the individual number of people who use Advice 4 Youth and possibly track their use of the service. However, it is evident from the literature (Peckham, 1997; Redman et al, 1997; Egg Research and Consultancy, 1998; Ingham and Stone 2000) that perceptions of confidentiality and anonymity are of fundamental importance to young people and a key determinant of their uptake of services. Any attempt to monitor use of Advice 4 Youth in a way that might threaten the confidential nature of the service, such as asking young people to provide their name or address, would be undesirable. There is also a further point to be made about the availability of 'private' space. A very small minority of young people, all men, did not agree that their conversations with staff were private. This might indicate that when resources and facilities are limited there are tensions between providing a friendly and welcoming atmosphere that encourages young people to 'drop in', and providing spaces for confidential discussions. This is an issue that is likely to become more pressing as Advice 4 Youth attracts more young people to its services.

#### **5.4 Conclusion**

The evidence presented in this report indicates that Advice 4 Youth, as a young people's information, advice and support service, is meeting many needs of the young people with whom it comes into contact. To this extent, it demonstrates success in meeting the aims it set itself at its inception. The study has highlighted differences between young men and young women in their pattern of usage of the service. Given the differences that have been documented previously in men's and women's health experience and behaviour (Griffiths, 1996; Yamey, 2000), and in order to help inform future service

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provision, it is relevant that these patterns continue to be monitored. Given the limited use young people frequently make of services, in spite of considerable need, it is worth considering the particular features of Advice 4 Youth which make it an acceptable service.

Peckham (1997, P. 105) notes that there is considerable agreement amongst young people about the kinds of services they want:

- no appointment necessary/'drop in';
- convenient opening times;
- a convenient location;
- provision of advice on any health problem;
- link to alternative services to meet other health needs;
- provision of free pregnancy tests;
- female staff available, including doctors;
- provision of confidential service;
- an informal and friendly setting;
- openness to going with friends;
- telephone advice/help available.

It has become evident that Advice 4 Youth is based on this model of service provision, and it appears to be providing an 'age appropriate' health service as argued for by Viner and Macfarlane (2000), and also a 'gender appropriate' one.

Moore (1999) has drawn attention to the difficulties facing schools seeking to engage and communicate with young people on health issues and has argued for the need to identify other 'social action spaces' for promoting health. Advice 4 Youth is one such setting where productive communication between young people and 'professionals' takes place, as evidenced in the young people's evaluations and the high number of contacts, particularly repeat contacts. To this extent Advice 4 Youth provides a valuable vehicle for engaging young people with a variety of health and social needs. It is likely that there is a particular role for Advice 4 Youth to play in this respect in areas of high socio-economic deprivation, where alienation from school and family, the typical sources of information, advice and support, are more likely to occur.

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In terms of recent trends in policy proposals, there are a number of salient developments. The Government has recently identified a multi-agency approach as an appropriate model of service provision for young people (Department of Health, 1999). Furthermore, the recent report by the Social Exclusion Unit (2000b) - Bridging the Gap - has proposed that the Youth Support Service should undertake a wide range of support functions, be less focused on education and training and more holistic in its role by including health, sport and leisure. This study has demonstrated that Advice 4 Youth reflects a model of service provision based on good practice and which is informed by national and local research. It is also evident that Advice 4 Youth is 'ahead of the game'; that is, its provision already meets the demands of relevant policy documents, as indicated above. As mentioned previously however, eliciting the views of non-users of the service could test this out further.

In conclusion, this study has demonstrated the value of collecting relatively simple monitoring data and of involving young people in the evaluation of services. Both these sources of evidence can provide insights into the extent to which the service is meeting its aims and objectives and thus, in turn, be used to inform further service development.

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## **Appendix 1**

### **Record Sheet**

## ADVICE 4 YOUTH

### Record Sheet

Date

Please tick (▸) relevant boxes

1. Is this a telephone consultation? Yes ☐ No ☐

2. Is the client Male ☐ Female ☐

3. How old is the client?

Under 12 ☐ Please state age .....

12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐

Over 19 ☐ Please state age .....

4. Where does the client live?

Ditton ☐

Hough Green ☐

Other ☐ Please specify where .....

5. What school does the client attend? .....

6. Has the client got a disability? Yes ☐ No ☐

If yes, please detail.....

7. Is this a new client? Yes ☐ No ☐ ⇒ go to Q9  
↓

8. How did the client find out about A4Y?

From friends ☐

From school ☐

From a youth club ☐

From GP ☐

From other health professional ☐ please specify .....

Other ☐ please specify .....

9. Was this visit prompted by anybody?

Staff at A4Y ☐  
School ☐  
GP ☐  
Other health professional ☐ please specify .....  
None of the above ☐

10. Who was the client seen by?

Family Planning Nurse ☐ School Health Adviser ☐  
Youth Worker ☐ Other ☐ Please specify .....

11. In which of the following areas was the client given help/advice?

Contraception - advice only	<input type="checkbox"/>	Sexuality	<input type="checkbox"/>	Alcohol	<input type="checkbox"/>
Condoms given	<input type="checkbox"/>	Sexual health	<input type="checkbox"/>	Drug use	<input type="checkbox"/>
Repeat pill prescription	<input type="checkbox"/>	Relationships	<input type="checkbox"/>	Smoking	<input type="checkbox"/>
Emergency contraception	<input type="checkbox"/>				
Pregnancy testing	<input type="checkbox"/>				

School	<input type="checkbox"/>	Dietary advice	<input type="checkbox"/>	Assertiveness	<input type="checkbox"/>
Education	<input type="checkbox"/>	Eating disorders	<input type="checkbox"/>	Bullying	<input type="checkbox"/>
Employment	<input type="checkbox"/>	Hygiene	<input type="checkbox"/>	Violence	<input type="checkbox"/>
Housing	<input type="checkbox"/>	Skin problems	<input type="checkbox"/>	Sexual abuse	<input type="checkbox"/>
Money	<input type="checkbox"/>				

Other ☐ please specify .....

12. Was the client referred? Yes ☐ No ☐ ⇒ go to Q13

↓

Referred to GP ☐  
Referred to family planning doctor ☐  
Referred to hospital ☐  
Referred to counsellor ☐  
Other ☐ please specify .....

13. Was a specific recommendation or appointment made for the client to return to A4Y for further help/advice?

Yes ☐ No ☐

---

## Appendix 2

### Questionnaire

## ADVICE 4 YOUTH

In order that we can continue to improve the services we offer we need to know your views. Please could you answer the following questions. This questionnaire is anonymous and we do not want you to put your name on it.

Please tick (✓) the right box for each question.

1. Are you:

Male ☐

Female ☐

2. How old are you?

Under 12 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ Over 19 ☐

3. Is this your first visit to Advice 4 Youth?

Yes ☐

No ☐

4. If this is not your first visit about how many times have you been before?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ More than 6 ☐

5. In what area do you live e.g. Hough Green, Ditton? Please write here.....

6. How did you find out about Advice 4 Youth?.....

Please could you read each of the following statements and put a tick (✓) in the box in the column which is nearest to what you think.

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
7. Advice 4 Youth is in the right place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The waiting areas at Advice 4 Youth are okay.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I was seen quickly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The staff at Advice 4 Youth were friendly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The conversations that I had with staff were private.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I was happy with the information/help/support I was given.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. The opening hours at Advice 4 Youth are okay.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I would come back to Advice 4 Youth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Can you think of any other service that should be at Advice 4 Youth? .....

16. If you had not come to Advice 4 Youth where would you have gone to?.....

17. Would you like to make any other comments about your visit to Advice 4 Youth?.....

THANK YOU FOR YOUR HELP

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## **Appendix 3**

### **Additional tables and statistical information**

The tables in this appendix are referenced by:

- the letter A
- followed by the section number in Chapter 4 they refer to
- followed by a sequence number.

For example, tables which relate to section 4.2 will be referenced Table A.4.2.1, Table A.4.2.2, etc. The list of tables gives the page number in this Appendix.



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## List of tables

Table	Appendix page
A.4.2.1 Numbers and percentages of males and females visiting Advice 4 Youth	53
A.4.2.2 Area of residence for all visits	53
A.4.2.3 School attended for all visits	53
A.4.2.4 Group statistics for age of all male and female visits	54
A.4.2.5 Numbers and percentages of males and females in each year band for all visits	54
A.4.3.1 Telephone and 'drop in' enquiries for all male and female visits	54
A.4.4.1 Numbers and percentages of male and female contacts with the professionals	55
A.4.4.2 Numbers and percentages of male and female contacts with the family planning nurse	55
A.4.4.3 Group statistics for ages of male and female contacts with the family planning nurse	55
A.4.4.4 Numbers and percentages of male and female contacts with school health adviser	56
A.4.4.5 Group statistics for ages of male and female contacts with the school health adviser	56
A.4.4.6 Numbers and percentages of male and female contacts with the youth worker	57
A.4.4.7 Group statistics for ages of male and female contacts with the youth worker	57
A.4.7.1 Numbers and percentages of new and repeat male and female visits	58
A.4.8.1 Group statistics for ages of male and female new clients	58
A.4.8.2 Numbers and percentages of male and female new clients by age band	59
A.4.8.3 Numbers and percentages of male and female new clients by area of residence	59
A.4.10.1 Numbers and percentages of male and female new clients seeing the professionals	59
A.4.10.2 Numbers and percentages of male and female new clients seeing the family planning nurse	60
A.4.10.3 Group statistics for ages of male and female new clients seeing the family planning nurse	60
A.4.10.4 Numbers and percentages of male and female new clients seeing the school health adviser	61

A.4.10.5	Group statistics for ages of male and female new clients seeing the school health adviser	61
A.4.10.6	Numbers and percentages of male and female new clients seeing the youth worker	62
A.4.10.7	Group statistics for ages of male and female new clients seeing the youth worker	62
A.4.11.1	Numbers and percentages of new male and female clients by the number of categories of advice	63
A.4.13.1	Numbers of new male and female clients by month	63
A.4.14.1	Relationship between new and repeat male visits by age	63
A.4.14.2	Relationship between new and repeat female visits by age	64
A.4.15.1	Area of residence for new clients by gender	64
A.4.15.2	Area of residence for repeat visits by gender	64
A.4.16.1	Numbers and percentages of male and female repeat visits seeing the professionals	65
A.4.16.2	Numbers and percentages of male and female repeat visits to the family planning nurse	65
A.4.16.3	Group statistics for ages of male and female repeat visits to the family planning nurse	65
A.4.16.4	Numbers and percentages of male and female repeat visits to the school health adviser	66
A.4.16.5	Group statistics for ages of male and female repeat visits to the school health adviser	66
A.4.16.6	Numbers and percentages of male and female repeat visits to the youth worker	67
A.4.16.7	Group statistics for ages of male and female repeat visits to the youth worker	67
A.4.17.1	Numbers and percentages of repeat male and female visits by the number of categories of advice	68
A.4.19.1	Numbers of male and female repeat visits by month	68
A.4.20.1	Comparison of numbers and percentages of male and female visits overall with those completing evaluation forms	69
A.4.20.2	Group statistics for age of male visits overall and those completing evaluation forms	69
A.4.20.3	Group statistics for age of female visits overall and those completing evaluation forms	69
A.4.20.4	Comparison of numbers and percentages of new and repeat visits overall with those completing evaluation forms	70
A.4.20.5	Comparison of numbers and percentages of those living in Hough Green for visits overall with those completing evaluation forms	70

**Table A.4.2.1 Numbers and percentages of males and females visiting Advice 4 Youth**

<b>Gender</b>	<b>No.</b>	<b>%</b>
Male	273	64.2
Female	152	35.8
<b>Total</b>	<b>425</b>	<b>100.0</b>

**Table A.4.2.2 Area of residence for all visits**

<b>Area of residence</b>	<b>No.</b>	<b>%</b>	<b>Valid %</b>
Hough Green	311	73.2	73.5
Ditton	98	23.1	23.2
Other	12	2.8	2.8
West Bank	1	0.2	0.2
Farnworth	1	0.2	0.2
<b>Sub total</b>	<b>423</b>	<b>99.5</b>	<b>100.0</b>
Missing	2	0.5	
<b>Total</b>	<b>425</b>	<b>100.0</b>	

**Table A.4.2.3 School attended for all visits**

<b>School</b>	<b>No.</b>	<b>%</b>
Bankfield	164	38.6
St Peter and Paul	51	12.0
Wade Deacon	34	8.0
Cronton College	10	2.4
Halton College	4	0.9
Widnes 6th Form college	2	0.5
Belvedere	2	0.5
Woodside	1	0.2
Penketh High School	1	0.2
Fairfield	1	0.2
<b>Sub total</b>	<b>270</b>	<b>63.5</b>
Working	8	1.9
Missing	147	34.6
<b>Total</b>	<b>425</b>	<b>100.0</b>

**Table A.4.2.4 Group statistics for age of all male and female visits**

Gender	No.	Mean	Std.	Std. Error	Min	Max
			Deviation	Mean		
Male	272	14.5	1.36	0.08	12	18
Female	151	14.9	1.53	0.12	11	20

For male and female visits:

- equal variances assumed under Levene's Test for Equality of Variances  $F = 0.087$ ,  $p = 0.77$
- males were significantly younger than females: independent samples  $t$  test:  $t = -2.83$ ,  $df = 421$ , 2-tailed significance level = 0.005, 95%, mean difference = -0.41, CI of the difference: -0.69, -0.12

**Table A.4.2.5 Numbers and percentages of males and females in each year band for all visits**

Age	Male		Female		Total	
	No.	%	No.	%	No.	%
11			1	0.7	1	0.2
12	10	3.7	5	3.3	15	3.5
13	61	22.4	20	13.2	81	19.1
14	67	24.6	32	21.2	99	23.4
15	74	27.2	43	28.5	117	27.7
16	35	12.9	30	19.9	65	15.4
17	20	7.4	14	9.3	34	8.0
18	5	1.8	3	2.0	8	1.9
19			1	0.7	1	0.2
20			2	1.3	2	0.5
<b>Total</b>	<b>272</b>	<b>100.0</b>	<b>151</b>	<b>100.0</b>	<b>423</b>	<b>100.0</b>

**Table A.4.3.1 Telephone and 'drop in' enquiries for all male and female visits**

	Male	Female	Total	
	No.	No.	No.	%
Telephone enquiry	5	2	7	1.6
'Drop in'	263	144	407	95.8
<b>Sub total</b>	<b>268</b>	<b>146</b>	<b>414</b>	<b>97.4</b>
Missing	5	6	11	2.6
<b>Total</b>	<b>268</b>	<b>146</b>	<b>425</b>	<b>100.0</b>

**Table A.4.4.1 Numbers and percentages of male and female contacts with the professionals**

	Male		Female		Total
	No.	%	No.	%	No.
Seen by family planning nurse	88	50.6	86	49.4	174
Seen by school health adviser	120	75.9	38	24.1	158
Seen by youth worker	115	68.5	53	31.5	168
<b>Total</b>	<b>323</b>	<b>64.6</b>	<b>177</b>	<b>35.4</b>	<b>500</b>

**Table A.4.4.2 Numbers and percentages of male and female contacts with the family planning nurse**

	Male		Female		Total	
	No.	%	No.	%	No.	%
Seen by family planning nurse	88	32.2	86	56.6	174	40.9
Not seen by family planning nurse	185	67.8	66	43.4	251	59.1
<b>Total</b>	<b>273</b>	<b>64.2</b>	<b>152</b>	<b>35.8</b>	<b>425</b>	<b>100.0</b>

**Table A.4.4.3 Group statistics for ages of male and female contacts with the family planning nurse**

Gender		N	Mean	Std. Deviation	Std. Error Mean
Male	Seen by family planning nurse	87	14.9	1.44	0.15
	Not seen by family planning nurse	185	14.4	1.29	0.10
Female	Seen by family planning nurse	86	15.2	1.24	0.13
	Not seen by family planning nurse	65	14.6	1.79	0.22

\*For one contact, the age was not recorded

For male and female contacts with the family planning nurse:

- equal variances assumed under Levene's Test for Equality of Variances,  $F = 1.97$ ,  $p = 0.16$
- no significant difference in ages of male and female contacts with the family planning nurse: independent samples  $t$  test:  $t = -1.81$ ,  $df = 171$ , 2-tailed significance level = 0.07, mean difference = -0.38, 95% CI : -0.77, 0.03

For males:

- equal variances assumed under Levene's Test for Equality of Variances  $F = 1.19$ ,  $p = 0.28$

- males seen by the family planning nurse were significantly older than those who were not seen: independent samples t test:  $t = 2.74$ ,  $df = 270$ , 2-tailed significance level = 0.007, mean difference = 0.48, 95% CI : 0.13, 0.82

For females:

- equal variances cannot be assumed under Levene's Test for Equality of Variances  $F = 7.68$ ,  $p = 0.006$
- females seen by the family planning nurse were significantly older than those who were not seen: Mann-Whitney  $U = 2076.5$ ,  $p = 0.006$

**Table A.4.4.4** Numbers and percentages of male and female contacts with school health adviser

	Male		Female		Total	
	No.	%	No.	%	No.	%
Seen by school health adviser	120	44.0	38	25.0	158	37.2
Not seen by school health adviser	153	56.0	114	75.0	267	62.8
<b>Total</b>	<b>273</b>	<b>64.2</b>	<b>152</b>	<b>35.8</b>	<b>425</b>	<b>100.0</b>

**Table A.4.4.5** Group statistics for ages of male and female contacts with the school health adviser

Gender		N	Mean	Std. Deviation	Std. Error Mean
Male	Seen by school health adviser	120	14.1	1.11	0.10
	Not seen by school health adviser	152	14.8	1.46	0.12
Female	Seen by school health adviser	38	14.6	1.60	0.26
	Not seen by school health adviser	113	15.0	1.50	0.14

\*For one contact, the age was not recorded

For male and female contacts with the with school health adviser:

- equal variances cannot be assumed under Levene's Test for Equality of Variances,  $F = 4.47$ ,  $p = 0.036$
- male contacts were significantly younger than female contacts with the with school health adviser: Mann-Whitney  $U = 1897$ ,  $p = 0.016$

For males:

- equal variances cannot be assumed under Levene's Test for Equality of Variances  $F = 11.01$ ,  $p = 0.001$

- males seen by the school health adviser were significantly younger than those who were not seen: Mann-Whitney U = 6640.5, p = 0.000

For females:

- equal variances assumed under Levene's Test for Equality of Variances F = 0.052, p = 0.82
- no significant difference in the ages of females seen by the school health adviser and those who were not seen: independent samples t test: t = -1.54, df = 149, 2-tailed significance level = 0.13, mean difference = -0.44, 95% CI : -1.00, 0.13

**Table A.4.4.6** Numbers and percentages of male and female contacts with the youth worker

	Male		Female		Total	
	No.	%	No.	%	No.	%
Seen by the youth worker	115	42.1	53	34.9	168	39.5
Not seen by the youth worker	158	57.9	99	65.1	257	60.5
<b>Total</b>	<b>273</b>	<b>64.2</b>	<b>152</b>	<b>35.8</b>	<b>425</b>	<b>100.0</b>

**Table A.4.4.7** Group statistics for ages of male and female contacts with the youth worker

Gender		N	Std. Mean	Std. Deviation	Std. Error Mean
Male	Seen by the youth worker	115	14.5	1.42	0.13
	Not seen by the youth worker	157	14.5	1.31	0.10
Female	Seen by the youth worker	53	14.7	1.73	0.24
	Not seen by the youth worker	98	15.1	1.41	0.14

For male and female contacts with the youth worker:

- equal variances assumed under Levene's Test for Equality of Variances, F = 0.68, p = 0.41
- no significant difference in ages of male and female contacts with the youth worker: independent samples t test: t = -0.73, df = 166, 2-tailed significance level = 0.47, mean difference = -0.19, 95% CI : -0.68, 0.31

For males:

- equal variances assumed under Levene's Test for Equality of Variances F = 2.51, p = 0.12

- no significant differences in the ages of males seen by the youth worker and those who were not seen: independent samples t test:  $t = -0.13$ ,  $df = 270$ , 2-tailed significance level = 0.90, mean difference = -0.02, 95% CI : -0.35, 0.31

For females:

- equal variances assumed under Levene's Test for Equality of Variances  $F = 2.04$ ,  $p = 0.16$
- no significant differences in the ages of females seen by the youth worker and those who were not seen: independent samples t test:  $t = -0.14$ ,  $df = 149$ , 2-tailed significance level = 0.17, mean difference = -0.36, 95% CI : -0.88, 0.15

**Table A.4.7.1 Numbers and percentages of new and repeat male and female visits**

	New client		Repeat visit		Not recorded		Total	
	No.	%	No.	%	No.	%	No.	%
Male	78	52.3	191	73.7	4	23.5	273	64.2
Female	71	47.7	68	26.3	13	76.5	152	35.8
Total	149	35.1	259	60.9	17	4.0	425	100.0

**Table A.4.8.1 Group statistics for ages of male and female new clients**

Gender	N	Std.		Std. Error
		Mean	Deviation	
Male	78	14.3	1.48	0.17
Female	70	14.6	1.70	0.20

For male and female new clients:

- equal variances assumed under Levene's Test for Equality of Variances  $F = 0.48$ ,  $p = 0.49$
- there is no significant difference in the ages of male and female new clients: independent samples t test:  $t = -0.22$ ,  $df = 146$ , 2-tailed significance level = 0.22, mean difference = -0.31, 95% CI : -0.84, 0.20



**Table A.4.8.2** Numbers and percentages of male and female new clients by age band

Age	Male		Female		Total	
	No.	%	No.	%	No.	%
11			1	1.4	1	0.7
12	5	6.4	3	4.3	8	5.4
13	23	29.5	16	22.9	39	26.4
14	19	24.4	14	20.0	33	22.3
15	16	20.5	20	28.6	36	24.3
16	8	10.3	6	8.6	14	9.5
17	4	5.1	8	11.4	12	8.1
18	3	3.8			3	2.0
20			2	2.9	2	1.4
<b>Total</b>	<b>78</b>	<b>100.0</b>	<b>70</b>	<b>100.0</b>	<b>148</b>	<b>100.0</b>

**Table A.4.8.3** Numbers and percentages of male and female new clients by area of residence

Area of residence	Male		Female		Total	
	No.	%	No.	%	No.	%
Ditton	21	26.9	20	28.6	41	27.7
Hough Green	53	67.9	46	65.7	99	66.9
Farnworth			1	1.4	1	0.7
West Bank			1	1.4	1	0.7
Other	4	5.1	2	2.9	6	4.1
<b>Total</b>	<b>78</b>	<b>100.0</b>	<b>70</b>	<b>100.0</b>	<b>148</b>	<b>100.0</b>

**Table A.4.10.1** Numbers and percentages of male and female new clients seeing the professionals

	Male		Female		Total
	No.	%	No.	%	No.
Seen by family planning nurse	24	40.7	35	59.3	59
Seen by school health adviser	38	62.3	23	37.7	61
Seen by youth worker	34	55.7	27	44.3	61
<b>Total</b>	<b>96</b>	<b>53.0</b>	<b>85</b>	<b>47.0</b>	<b>181</b>

**Table A.4.10.2 Numbers and percentages of male and female new clients seeing the family planning nurse**

	Male		Female		Total	
	No.	%	No.	%	No.	%
Seen by family planning nurse	24	30.8	35	49.3	59	39.6
Not seen by family planning nurse	54	69.2	35	50.7	90	60.4
<b>Total</b>	<b>78</b>	<b>52.3</b>	<b>71</b>	<b>47.7</b>	<b>149</b>	<b>100.0</b>

**Table A.4.10.3 Group statistics for ages of male and female new clients seeing the family planning nurse**

Gender		N	Mean	Std. Deviation	Std. Error Mean
Male	Seen by family planning nurse	24	14.3	1.36	0.28
	Not seen by family planning nurse	54	14.3	1.54	0.21
Female	Seen by family planning nurse	35	15.0	1.29	0.22
	Not seen by family planning nurse	35	14.2	1.95	0.23

For male and female new clients seeing the family planning nurse:

- equal variances assumed under Levene's Test for Equality of Variances,  $F = 0.000$ ,  $p = 0.99$
- male new clients are significantly younger than female new clients seeing the family planning nurse: independent samples  $t$  test:  $t = -2.22$ ,  $df = 57$ , 2-tailed significance level = 0.03, mean difference = -0.78, 95% CI : -1.48, -0.08

For male new clients:

- equal variances assumed under Levene's Test for Equality of Variances  $F = 0.913$ ,  $p = 0.34$
- no significant difference in ages of males seen by the family planning nurse and those who were not seen: independent samples  $t$  test:  $t = -0.178$ ,  $df = 76$ , 2-tailed significance level = 0.859, mean difference = -0.07, 95% CI : -0.79, 0.66

For female new clients:

- equal variances assumed under Levene's Test for Equality of Variances  $F = 2.803$ ,  $p = 0.099$
- females seen by the family planning nurse were significantly older than those who were not seen: independent samples  $t$  test:  $t = 2.093$ ,  $df = 68$ , 2-tailed significance level = 0.040, mean difference = 0.83, 95% CI : 0.04, 1.62

**Table A.4.10.4 Numbers and percentages of male and female new clients seeing the school health adviser**

	Male		Female		Total	
	No.	%	No.	%	No.	%
Seen by school health adviser	38	48.7	23	32.4	61	40.9
Not seen by school health adviser	40	51.3	48	67.6	88	59.1
<b>Total</b>	<b>78</b>	<b>52.3</b>	<b>71</b>	<b>47.7</b>	<b>149</b>	<b>100.0</b>

**Table A.4.10.5 Group statistics for ages of male and female new clients seeing the school health adviser**

Gender		N	Mean	Std. Deviation	Std. Error Mean
Male	Seen by school health adviser	38	14.1	1.33	0.22
	Not seen by school health adviser	40	14.5	1.58	0.25
Female	Seen by school health adviser	23	14.4	1.64	0.34
	Not seen by school health adviser	47	14.7	1.73	0.25

For male and female new clients seeing the school health adviser:

- equal variances assumed under Levene's Test for Equality of Variances,  $F = 0.59$ ,  $p = 0.45$
- no significant difference in the ages of male and female new clients seeing the school health adviser: independent samples  $t$  test:  $t = -0.88$ ,  $df = 59$ , 2-tailed significance level = 0.38, mean difference = -0.34, 95% CI : -1.11, 0.43

For male new clients:

- equal variances assumed under Levene's Test for Equality of Variances  $F = 2.077$ ,  $p = 0.15$
- no significant difference in ages of males seen by the school health adviser and those who were not seen: independent samples  $t$  test:  $t = -0.142$ ,  $df = 76$ , 2-tailed significance level = 0.160, mean difference = -0.47, 95% CI : -1.13, 0.19

For female new clients:

- equal variances assumed under Levene's Test for Equality of Variances  $F = 0.40$ ,  $p = 0.53$
- no significant difference in ages of females seen by the school health adviser and those who were not seen: independent samples  $t$  test:  $t = 0.767$ ,  $df = 68$ , 2-tailed significance level = 0.446, mean difference = 0.33, 95% CI : -1.20, 0.53

**Table A.4.10.6 Numbers and percentages of male and female new clients seeing the youth worker**

	Male		Female		Total	
	No.	%	No.	%	No.	%
Seen by youth worker	34	43.6	27	38.0	61	40.9
Not seen by youth worker	44	56.4	44	62.0	88	59.1
<b>Total</b>	<b>78</b>	<b>52.3</b>	<b>71</b>	<b>47.7</b>	<b>149</b>	<b>100.0</b>

**Table A.4.10.7 Group statistics for ages of male and female new clients seeing the youth worker**

Gender		N	Mean	Std. Deviation	Std. Error Mean
Male	Seen by youth worker	34	14.2	1.49	0.25
	Not seen by youth worker	44	14.4	1.48	0.22
Female	Seen by youth worker	27	14.2	1.71	0.33
	Not seen by youth worker	43	14.9	1.65	0.25

For male and female new clients seeing the youth worker:

- equal variances assumed under Levene's Test for Equality of Variances,  $F = 0.19$ ,  $p = 0.19$
- no significant difference in the ages of male and female new clients seeing the youth worker: independent samples  $t$  test:  $t = -0.02$ ,  $df = 59$ , 2-tailed significance level = 0.98, mean difference = -0.01, 95% CI : -0.83, 0.81

For male new clients:

- equal variances assumed under Levene's Test for Equality of Variances  $F = 0.005$ ,  $p = 0.94$
- no significant difference in ages of males seen by the youth worker and those who were not seen: independent samples  $t$  test:  $t = -0.619$ ,  $df = 76$ , 2-tailed significance level = 0.537, mean difference = -0.21, 95% CI : -0.88, 0.47

For female new clients:

- equal variances assumed under Levene's Test for Equality of Variances  $F = 0.024$ ,  $p = 0.88$
- no significant difference in ages of females seen by the youth worker and those who were not seen: independent samples  $t$  test:  $t = -1.700$ ,  $df = 68$ , 2-tailed significance level = 0.094, mean difference = -0.70, 95% CI : -1.52, 0.12

**Table A.4.11.1** Numbers and percentages of new male and female clients by the number of categories of advice

Number of categories	Males		Females		Total
	No.	%	No.	%	No.
0	10	12.8	19	26.8	29
1	17	21.8	28	39.4	45
2	12	15.4	18	25.4	30
3	31	39.7	4	5.6	35
4	4	5.1	2	2.8	6
5	4	5.1		0.0	4
<b>Total</b>	<b>78</b>	<b>100.0</b>	<b>71</b>	<b>100.0</b>	<b>149</b>

**Table A.4.13.1** Numbers of new male and female clients by month

Month	Male	Female	Total
	No.	No.	No.
Sept	3	21	24
Oct	1	6	7
Nov	15	13	28
Dec	12	3	15
Jan	7	3	10
Feb	10	7	17
Mar	5	6	11
Apr	18	5	23
May	5	2	7
Jun	2	5	7
<b>Total</b>	<b>78</b>	<b>71</b>	<b>149</b>

**Table A.4.14.1** Relationship between new and repeat male visits by age

Age	New client	Repeat contact	Not recorded	Total	Repeat/new
12	5	5		10	1.0
13	23	36	2	61	1.6
14	19	47	1	67	2.5
15	16	57	1	74	3.6
16	8	27		35	3.4
17	4	16		20	4.0
18	3	2		5	0.7
<b>Total</b>	<b>78</b>	<b>190</b>	<b>4</b>	<b>272</b>	<b>2.44</b>

**Table A.4.14.2 Relationship between new and repeat female visits by age**

Age	New client	Repeat contact	Not recorded	Total	Repeat/new
11	1			1	
12	3	2		5	0.7
13	16	4		20	0.3
14	14	10	8	32	0.7
15	20	22	1	43	1.1
16	6	20	4	30	3.3
17	8	6		14	0.8
18		3		3	
19		1		1	
20	2			2	
<b>Total</b>	<b>70</b>	<b>68</b>	<b>13</b>	<b>151</b>	<b>0.97</b>

**Table A.4.15.1 Area of residence for new clients by gender**

Area of residence	Male		Female		Total	
	No.	%	No.	%	No.	%
Ditton	21	26.9	20	28.6	41	27.7
Hough Green	53	67.9	46	65.7	99	66.9
Farnworth			1	1.4	1	0.7
West Bank			1	1.4	1	0.7
Other	4	5.1	2	2.9	6	4.1
<b>Total</b>	<b>78</b>	<b>100.0</b>	<b>70</b>	<b>100.0</b>	<b>148</b>	<b>100.0</b>

**Table A.4.15.2 Area of residence for repeat visits by gender**

Area of residence	Male		Female		Total	
	No.	%	No.	%	No.	%
Ditton	30	15.8	26	38.2	56	21.7
Hough Green	157	82.6	39	57.4	196	76.0
Other	3	1.6	3	4.4	6	2.3
<b>Total</b>	<b>190</b>	<b>100.0</b>	<b>68</b>	<b>100.0</b>	<b>258</b>	<b>100.0</b>

**Table A.4.16.1 Numbers and percentages of male and female repeat visits seeing the professionals**

	Male		Female		Total
	No.	%	No.	%	No.
Seen by family planning nurse	64	59.8	43	40.2	107
Seen by school health adviser	80	88.9	10	11.1	90
Seen by youth worker	78	75.0	26	25.0	104
<b>Total</b>	<b>222</b>	<b>73.8</b>	<b>79</b>	<b>26.2</b>	<b>301</b>

**Table A.4.16.2 Numbers and percentages of male and female repeat visits to the family planning nurse**

	Male		Female		Total	
	No.	%	No.	%	No.	%
Seen by family planning nurse	64	33.5	43	63.2	107	41.3
Not seen by family planning nurse	127	66.5	25	36.8	152	58.7
<b>Total</b>	<b>191</b>	<b>73.7</b>	<b>68</b>	<b>26.3</b>	<b>259</b>	<b>100.0</b>

**Table A.4.16.3 Group statistics for ages of male and female repeat visits to the family planning nurse**

Gender		N	Mean	Std. Deviation	Std. Error Mean
Male	Seen by family planning nurse	63	15.1	1.42	0.18
	Not seen by family planning nurse	127	14.4	1.18	0.11
Female	Seen by family planning nurse	43	15.4	1.22	0.19
	Not seen by family planning nurse	25	15.12	1.59	0.32

\*For one contact, the age was not recorded

For male and female repeat visits to the family planning nurse:

- equal variances assumed under Levene's Test for Equality of Variances,  $F = 1.27$ ,  $p = 0.26$
- no significant difference in ages of male and female repeat visits to the family planning nurse: independent samples  $t$  test:  $t = -1.29$ ,  $df = 104$ , 2-tailed significance level = 0.20, mean difference = -0.34, 95% CI : -0.87, 0.19

For male repeat visits:

- equal variances assumed under Levene's Test for Equality of Variances  $F = 1.96$ ,  $p = 0.16$

- males seen by the family planning nurse are significantly older than those who were not seen: independent samples t test:  $t = 3.393$ ,  $df = 188$ , 2-tailed significance level = 0.001, mean difference = 0.66, 95% CI : 0.28, 1.05

For female repeat visits:

- equal variances assumed under Levene's Test for Equality of Variances  $F = 1.64$ ,  $p = 0.205$
- no significant difference in ages of females seen by the family planning nurse and those who were not seen: independent samples t test:  $t = 0.869$ ,  $df = 66$ , 2-tailed significance level = 0.388, mean difference = 0.30, 95% CI : -0.39, 0.98

**Table A.4.16.4** Numbers and percentages of male and female repeat visits to the school health adviser

	Male		Female		Total	
	No.	%	No.	%	No.	%
Seen by school health adviser	80	41.9	10	14.7	90	34.7
Not seen by school health adviser	111	58.1	58	85.3	169	65.3
<b>Total</b>	<b>191</b>	<b>73.7</b>	<b>68</b>	<b>26.3</b>	<b>259</b>	<b>100.0</b>

**Table A.4.16.5** Group statistics for ages of male and female repeat visits to the school health adviser

Gender		N	Mean	Std. Deviation	Std. Error Mean
Male	Seen by school health adviser	80	14.2	0.99	0.11
	Not seen by school health adviser	110	15.0	1.40	0.31
Female	Seen by school health adviser	10	15.3	1.77	0.56
	Not seen by school health adviser	58	15.3	1.30	0.17

For male and female repeat visits seeing the school health adviser:

- equal variances cannot be assumed under Levene's Test for Equality of Variances,  $F = 5.06$ ,  $p = 0.03$
- male repeat visits are significantly younger than female repeat visits to the school health adviser: Mann-Whitney  $U = 214.0$ ,  $p = 0.013$

For male repeat visits:

- equal variances cannot be assumed under Levene's Test for Equality of Variances  $F = 7.69$ ,  $p = 0.006$
- males seen by the school health adviser are significantly older than those who were not seen: Mann-Whitney  $U = 6235$ ,  $p = 0.000$



For female repeat visits:

- equal variances assumed under Levene's Test for Equality of Variances  $F = 0.99$ ,  $p = 0.33$
- no significant difference in ages of females seen by the school health adviser and those who were not seen: independent samples  $t$  test:  $t = -0.022$ ,  $df = 66$ , 2-tailed significance level = 0.983, mean difference = -0.01, 95% CI : -0.95, 0.93

**Table A.4.16.6** Numbers and percentages of male and female repeat visits to the youth worker

	Male		Female		Total	
	No.	%	No.	%	No.	%
Seen by youth worker	78	40.8	26	38.2	104	40.2
Not seen by youth worker	113	59.2	42	61.8	155	59.8
<b>Total</b>	<b>191</b>	<b>73.7</b>	<b>68</b>	<b>26.3</b>	<b>259</b>	<b>100.0</b>

**Table A.4.16.7** Group statistics for ages of male and female repeat visits to the youth worker

Gender		N	Mean	Std. Deviation	Std. Error Mean
Male	Seen by youth worker	78	14.7	1.39	0.16
	Not seen by youth worker	112	14.6	1.24	0.12
Female	Seen by youth worker	26	15.2	1.61	0.32
	Not seen by youth worker	42	15.4	1.21	0.19

For male and female repeat visits to the youth worker:

- equal variances assumed under Levene's Test for Equality of Variances,  $F = 0.13$ ,  $p = 0.72$
- no significant difference in ages of male and female repeat visits to the youth worker: independent samples  $t$  test:  $t = -1.68$ ,  $df = 102$ , 2-tailed significance level = 0.10, mean difference = -0.55, 95% CI : -1.20, 0.10

For male repeat visits:

- equal variances assumed under Levene's Test for Equality of Variances  $F = 2.14$ ,  $p = 0.14$
- no significant difference in ages of males seen by the youth worker and those who were not seen: independent samples  $t$  test:  $t = 0.376$ ,  $df = 188$ , 2-tailed significance level = 0.707, mean difference = 0.07, 95% CI : -0.31, 0.45

For female repeat visits:

- equal variances assumed under Levene's Test for Equality of Variances  $F = 1.79$ ,  $p = 0.19$

- no significant difference in ages of females seen by the youth worker and those who were not seen: independent samples t test:  $t = -0.369$ ,  $df = 66$ , 2-tailed significance level = 0.713, mean difference = -0.13, 95% CI : -0.81, 0.56

**Table A.4.17.1** Numbers and percentages of repeat male and female visits by the number of categories of advice

Number of categories	Males		Females		Total
	No.	%	No.	%	No.
0	9	4.7	7	10.3	16
1	80	41.9	26	38.2	106
2	42	22.0	23	33.8	65
3	44	23.0	9	13.2	53
4	11	5.8		0.0	11
5	5	2.6	3	4.4	8
<b>Total</b>	<b>191</b>	<b>100.0</b>	<b>68</b>	<b>100.0</b>	<b>259</b>

**Table A.4.19.1** Numbers of male and female repeat visits by month

Month	Male	Female	Total
	No.	No.	No.
Sept		1	1
Oct	1	1	2
Nov	22	9	31
Dec	32	7	39
Jan	37	11	48
Feb	33	7	40
Mar	23	15	38
Apr	24	9	33
May	12	2	14
Jun	7	6	13
<b>Total</b>	<b>191</b>	<b>68</b>	<b>259</b>

**Table A.4.20.1 Comparison of numbers and percentages of male and female visits overall with those completing evaluation forms**

	All visits		Evaluation	
	No.	%	No.	%
Male	273	64.2	61	70.9
Female	152	35.8	25	29.1
Total	425		86	

There is no significant difference in the proportions of males and females in the two groups:  
 $\chi^2 = 1.416$ ,  $df = 1$ ,  $p = 0.234$

**Table A.4.20.2 Group statistics for age of male visits overall and those completing evaluation forms**

	N	Mean	Std. Deviation	Std. Error Mean
All visits	272	14.5	1.36	0.08
Evaluation group	61	14.6	1.68	0.21

For male visits:

- equal variances cannot be assumed under Levene's Test for Equality of Variances,  $F = 5.83$ ,  $p = 0.016$
- no significant difference in ages of male visits overall and those completing evaluation forms: Mann-Whitney  $U = 8104$ ,  $p = 0.77$

**Table A.4.20.3 Group statistics for age of female visits overall and those completing evaluation forms**

	N	Mean	Std. Deviation	Std. Error Mean
All visits	151	14.9	1.53	0.12
Evaluation group	25	15.5	1.08	0.22

For female visits:

- equal variances assumed under Levene's Test for Equality of Variances,  $F = 2.10$ ,  $p = 0.15$
- no significant difference in ages of male and female repeat visits to the youth worker: independent samples  $t$  test:  $t = -1.71$ ,  $df = 174$ , 2-tailed significance level = 0.09, mean difference = -0.55, 95% CI : -1.18, 0.08

**Table A.4.20.4 Comparison of numbers and percentages of new and repeat visits overall with those completing evaluation forms**

	All visits		Evaluation		Total	
	No.	%	No.	%	No.	%
New clients	149	35.1	25	29.1	174	34.1
Repeat visits	259	60.9	61	70.9	320	62.6
Missing	17	4.0			17	3.3
<b>Total</b>	<b>425</b>	<b>100.0</b>	<b>86</b>	<b>100.0</b>	<b>511</b>	<b>100.0</b>

There is no significant difference in the proportions of new clients and repeat visits in the two groups:  $\chi^2 = 1.728$ ,  $df = 1$ ,  $p = 0.189$

**Table A.4.20.5 Comparison of numbers and percentages of those living in Hough Green for visits overall with those completing evaluation forms**

	All visits		Evaluation		Total	
	No.	%	No.	%	No.	%
Hough Green	311	73.5	64	76.2	375	74.0
Living elsewhere	112	26.5	20	23.8	132	26.0
<b>Total</b>	<b>423</b>	<b>100.0</b>	<b>84</b>	<b>100.0</b>	<b>507</b>	<b>100.0</b>

There is no significant difference in the proportions of people living in Hough Green in the two groups:  $\chi^2 = 0.259$ ,  $df = 1$ ,  $p = 0.61$